

To: Department Chairs, Centers and Institute Directors

From: Gail Mattox, MD
Chair, Fiscal Advisory Committee

RE: Fiscal Advisory Committee Process

Date:

RAC REQUESTS (each copy of completed RAC request form)					
Request #	Request Description	Request Amount	Request Category	Request Status	Request Date

INSTITUTIONAL BRIDGE REQUESTS (copy of completed request form)					
Request #	Request Description	Request Amount	Request Category	Request Status	Request Date

NON-PERSONNEL OPERATING REQUESTS					
Request #	Request Description	Request Amount	Request Category	Request Status	Request Date

CAPITAL REQUESTS (single item > \$5,000)					
Request #	Request Description	Request Amount	Request Category	Request Status	Request Date

OTHER ONE-TIME REQUESTS					
Request #	Request Description	Request Amount	Request Category	Request Status	Request Date

*JUSTIFICATION Accreditation, Non-discretionary contractual adjustments, Faculty Retention, Research Infrastructure, Faculty Development **NEEDED**

DEPARTMENT _____

INSTITUTIONAL BRIDGE FUNDING REQUEST

CHAIR _____

EMPLOYEE NAME

POSITION/TITLE

AMOUNT REQUESTED	SALARY			FRINGE BENEFITS	TOTAL	COMMENTS
	FACULTY 510	STAFF 510	TEMPORARY 5130			

EFFORT ALLOCATION	INSTRUCTION	RESEARCH	ADMINISTRATION	CLIN SVC	OTHER	TOTAL

CONFIRMED FUNDING INFORMATION	AMOUNT NEEDED			
	SOURCE	FY10	FY11	FY11

TOTAL