### General Description of Request:

Date:  
Requested by:  
RU PO Box:  
Phone #:  
RU e-mail address:  
Payment(s) Expected to:

<table>
<thead>
<tr>
<th>Purpose and Description</th>
<th>Basis for Estimate</th>
<th>Attached Documentation</th>
<th>Estimated Total</th>
<th>Foundation Fund #</th>
<th>Charge Account #</th>
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Grand Total - Estimated: $  -

Any special requirements, details, or timing related to the expenditure:

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Approved: _________ Disapproved: _________

Originator  
Date

Approved: _________ Disapproved: _________

Fund Guardian  
Date

Approved: _________ Disapproved: _________

Unit Head or Dean of College  
Date

**IF ACADEMIC REQUEST IS OVER $2,500 THEN PROVOST APPROVAL IS REQUIRED**

Approved: _________ Disapproved: _________

Provost/University Vice-President  
Date

Approved: _________ Disapproved: _________

University President or Designee  
Date

**Basis for Disapproval (if required)**

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* All expenditures require support by original invoice or documentation. **THE FOUNDATION DOES NOT HONOR STATE "PER DIEM" RATES.**