

### Emergency HEF Request

College making request: \_\_\_\_\_ Date of request: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone# \_\_\_\_\_

Preliminary Estimate from Facilities attached: Yes  No  N/A

Description of Request:

| List of requested equipment (if applicable) | Cost of equipment |
|---|-------------------|
|   |                   |
|   |                   |
|   |                   |
|   |                   |
|   |                   |

Total funds requested: \_\_\_\_\_

Chart string for requested funds: (please include faculty discretionary project code if applicable)

| DeptID | Fund Cat | Fund | Function | Program | Purpose | Site | D-Level |
|--------|----------|------|----------|---------|---------|------|---------|
|        |          |      |          |         |         |      |         |

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Date

\_\_\_\_\_  
Executive Dean Signature (if Applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
VP Academic Resources

\_\_\_\_\_  
Date

\_\_\_\_\_  
Provost Signature

\_\_\_\_\_  
Date