BMSC Divisional Support Request Form

Please **TYPE** and read carefully.

This purpose of this form is to request for administrative, equipment, fund, event support or other types of support/ assistance from the Division of Biomedical Sciences. Application and required documents must be submitted at least 6 weeks before the intended use, but earlier submission is encouraged to ensure there is time for to address issues arising after initial review by the Division's Space & Finance Committee and bodies relevant to each request. This form is for pre-approval of support. Please DO NOT pay for any expenses until after you have received approval and arrangements have been coordinated with Isaac Owusu-Frimpong, Financial & Administrative Officer.

Requestor's name (Preferred Living Name)**:** _____

Request on behalf of (Name of Center, Group or Cohort): _____

Requestor's email: _____ **Phone number:** _____

Director/Unit head/Cohort Lead Name (Preferred Living Name): _____

Director/Unit Head's email: _____ **Phone number:** _____

Type of request (administrative, equipment, fund, event support or other**):** _____

General Overview Description of Request:

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[                                                                    ]
[                                                                    ]
[                                                                    ]
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Equipment   Event Support Other: _____

    Equipment / Event Name (no acronyms)**:** _____

    Equipment Reference link / Event Website: _____

    Any additional Sponsoring/Co-Sponsoring Organization (no acronyms)**:** _____

Date(s) of Support/Date(s) of Event (if this is a schedule of events, attach schedule requested): _____

Location Event/Equipment (UCR Building and Room): _____

Total cost of equipment/event: _____

    Total budget and administrative support request to division (add PDF of budget if needed): _____

Are you receiving funding from another source?_____Yes _____No

If so, list source(s)_____and amount _____

Justification supporting request:

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[                                                                    ]
[                                                                    ]
[                                                                    ]
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Verification and approvals:

Signature of requestor:_____ Date:_____

Signature of center director:_____ Date:_____
(if applicable)

Submit via email to: Division of Biomedical Sciences: biomedsci@medsch.ucr.edu

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Biomedical Sciences Office Use only

Equipment / Event approved _____Yes _____No

Approved Funds:_____   **FAU:**_____

Signature of Space and Finance Chair:_____   Date:_____

Signature of Division Chair:_____   Date:_____

Signature of FAO:_____   Date:_____