

LAB FEE EXPENSE REQUEST

A. GENERAL INFORMATION:

Today's Date:	
COURSE NUMBER:	
SEMESTER:	
FACULTY NAME:	

Does this course collect lab fees (if "No" you do not need to complete this form)? Yes No

What is being purchased (if travel, please complete Section B):

Please briefly describe the benefit of this purchase to the students:

B. TRAVEL INFORMATION:

Date of Activity:			
TA# (list all TAs for this trip):			
TA#:		\$ Amount:	
TA#:		\$ Amount:	
TA#:		\$ Amount:	
TA#:		\$ Amount:	
Vehicle Requests:			
Confirmation #:		Est. \$ Amount:	
Confirmation #:		Est. \$ Amount:	
Confirmation #:		Est. \$ Amount:	
Confirmation #:		Est. \$ Amount:	
Other purchases associated with TA:			
Describe:		\$ Amount:	
Describe:		\$ Amount:	
Describe:		\$ Amount:	

C. TOTAL \$ AND SIGNATURES:

Total dollar amount of request:	\$
SIGNATURE:	
Chairs signature (if over \$100):	