

Energy Production & Infrastructure Center

EPIC Funding Request Form

Requester:	800#:
Department:	
Supervisor/Advisor Name:	
Supervisor/Advisor Signature:	Date:
Detailed Purpose of Request (please attach any documentation available): Anticipated impact of project/purchase and relevance to EPIC and its mission:	
Equipment/Supplies: \$	
Assistantship: \$	Attach Student Employment Request Form
Travel: \$	Attach Travel Authorization Form
Other: \$	
Total: \$	
Total Supported:	
Department Contribution: \$	
Other Funding Leveraged: \$	
Amount Requested from EPIC: \$	
Total Expenses: \$	
Signature of Requester:	Date:
Business Officer Approval:	Date:
FPIC Director	Date:

^{***}EPIC must be recognized as the affiliated center and mentioned in the deliverables for this investment. ***