



**Funding Support Request**

PI Name \_\_\_\_\_ Phone \_\_\_\_\_

College \_\_\_\_\_ Department \_\_\_\_\_

Total Request \$ \_\_\_\_\_ Date Needed by(mm/yy) \_\_\_\_\_

Justification for funds : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have greencard funds been used to support this request

Requestor Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return your completed form either by campus mail to the Research office  
or email your scanned copy to: [research@fit.edu](mailto:research@fit.edu)**

**BELOW IS FOR INTERNAL PURPOSES ONLY**

Incentive Faculty Research Balance \_\_\_\_\_ (to be filled out by Research Office)

Sr. VP for Research Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Amount Approved by SRVP \$ \_\_\_\_\_ Amount Approved by Provost \$ \_\_\_\_\_