

Start-Up Funding Request

Current Date:

Department:

College:

Position Title:

Position Number:

Effective Date of Appointment:

Name:

Account No. (will insert when set up):

Start-Up Commitment Requests

Source of Funds	Amount Requested FY __	Amount Requested FY __	Amount Requested FY __	Total
Department	_____	_____	_____	
Department GTA	_____	_____	_____	
College	_____	_____	_____	
Office of Research	_____	_____	_____	
Approved Carryover	_____	_____	_____	
TOTAL				

NOTES:

- Provide detailed budget (http://research.utk.edu/forms_docs/budgettemplate.XLS) for each year if total start-up package exceeds \$10,000.
- Detail of actual department GTA support included as part of funding match shall be provided annually to the Office of Research and certified by the College.
- Carryover of start-up funds is not automatic. Special Start-Up Carryover Request should be submitted for approval to the Associate Vice Chancellor for Research by May 15.

APPROVALS:

Department Head

Printed Name

Date

Dean

Printed Name

Date

Office of Research

Printed Name

Date