

## 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				
<b>TOTAL</b>				

**NOTES:**

- Provide detailed budget ([http://research.utk.edu/forms\\_docs/budgettemplate.XLS](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

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Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office of Research

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date