## CARES/CRRSAA- Institutional Funds 2020 - 2021



Requested by: (Uni	t, Department, Division or Vice	President)				
Location	Complete Name	Signature	Date	Approval:	Yes No	
Department or Unit:				Date:	05.17.	2021
Division:				Vice Administrativ	ve Services	4
Vice President:		audientemapen - on	5.12.21	Signature:	Signature:	
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Budget Request(s)	CARES/CRRSAA Justification for Request(s)	Funds Requested <sup>(1)</sup>	Funding
Describe the services or items requested, include quantity <sup>(2)</sup>	Defraying expenses associated with coronavirus. This includes defraying lost revenue and expenses incurred after December 27, 2020.  It also includes student support activities authorized by the Higher Education Act where those support activities address needs related to coronavirus. This includes using funds to carry out TRIO and GEAR UP program activities to the extent those activities address needs related to coronavirus.	Amount	Approved
1.			
Account Number(s) <sup>(3)</sup> :			

- (1) Please provide documentation to support the amount requested, such as price quotes from vendor, copy of catalog, etc. Also, include any ancillary costs, such as maintenance, annual software upgrades, etc.
- (2) Please add attachment if additional information needs to be included annual software upgrades, etc.
- (3) If Unknown leave blank, the Fiscal Services department will include.