

CARES ACT - INSTITUTIONAL PORTION

2020 - 2021



Requested by: (Unit, Department, Division or Vice President)									
Location	Complete Name	Signature	Date	Approval:	Yes		No		
Department or Unit:				Date:					
Division:				Vice President, Administrative Services					
Vice President:									

Budget Request(s)		CARES Justification for Request(s)	Funds Requested ⁽¹⁾	Funding
(Describe the services or items requested, include quantity) ⁽²⁾		Please describe: How the cost is associated with significant changes to the delivery of instruction due to coronavirus? ⁽²⁾	Amount	Approved
1.				
	Account Number(s) ⁽³⁾ :			
2				
	Account Number(s) ⁽³⁾ :			

(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.