Marshall University FY 2013 Swept Balance Release Form

Requester Name/Phone #: _____

Fund: _____ Org: _____ Amount: _____

Request Type: (check one)

☐ Travel ☐ Equipment ☐ Operating Expense

☐ Other: (please describe) _____

Justification:

Approvals: Requester:	_____ Print	_____ Sign	_____ Date
Dean/ Director:	_____ Print	_____ Sign	_____ Date
SVP/VP:	_____ Print	_____ Sign	_____ Date
President/ CFO:	_____ Print	_____ Sign	_____ Date

Send completed forms to: Budget Office, Old Main 203

Revised: 4/2013