

## **UNCOMMITTED STATE-FUND RESERVES REQUEST**

Submission Date:		
	d description of and reason for this request. And please specify if there is a busines te funding requested must cross fiscal years:	S
,		
Amount of request:	[Permanent]	
	[One-Time] [*Funding for current fiscal year - unless noted]	
• • •	unds support any type of personnel costs? [Y/N]	
	detailed description of personnel costs being supported and specifically inidicate are calculated (if applicable):	
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	d justification as to why no other divisional or departmental funds can be used	
to support this request:		
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Approvals:		
Approvals: Division SVP:	Budget:	
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Approvals: Division SVP: Director of Bu	Budget: ial Officer:	
Approvals:  Division SVP:  Director of Bu  Chief Financia	Budget: ial Officer:	
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Approvals:  Division SVP:  Director of Bu  Chief Financia	Budget: ial Officer:	