

**THE GRADUATE SCHOOL
NEW FACULTY START-UP FUNDS**

Name: _____ Academic Rank: _____
 Department: _____ School/College: _____
 Office: _____ SIUE Email: _____
 Phone: _____ Campus Box: _____

1. Have you signed up with COS? Yes No
 2. Do you choose to opt out of the FIRST program? Yes No

Total Request—Completed by Faculty			
	Initial Funds (Unit)*	Initial Funds (Provost)*	FIRST Program Funds
GA Salaries			
Student Wages			
Travel			
Equipment			
Commodities			
Contractual Svcs.			
Subtotal			
TOTAL		\$2,000	\$1,500

Receipt of Funds—Completed by Department			
	Initial Funds (Unit)	Initial Funds (Provost)	FIRST Program Funds
Account Name:			
Account Number:			
Budget Purpose:			
Subtotal			
TOTAL		\$2,000	\$1,500

Funds Authorization	
School/College Dean	
	(signature)
Office of the Provost	
	(signature)

ROUTING: (1) School/College (2) Office of the Provost (3) The Graduate School
 *State funds must be expended by the 30th of June.