

PRESIDENT'S OFFICE TRANSMITTAL FORM

All documents requiring the President's approval must first be approved by the appropriate Vice President .

Please print transmittal form and submit to the President's Office, UC 418. Once received in the President's Office, materials will be returned to Staff Contact unless otherwise instructed at bottom of page.

Vice President's Signature			Date:				
Document Information							
Requested By:			Dept./College/Unit:				
Staff Contact Name:			Extension: Date:				
	Personnel Other		equired: Review Approval/S	Signature	URGENT* *Requested Com	pletion Date:	
Brief summary/ description of attached special consultant work outcome expe		avel dates/purpo	ose of trip,	hospitality	y purpose,		
Budget Information							
Budgetary Impact: Amount (Current Fisc		ent Fiscal Year):		Amour	nt (Next Fiscal Yea	·):	
Sufficient Funds Identified							
Funding Type:		Funding Source:					
Base Budget One Time Funds		Account Number			Sequence Code		
Please Explain:							
For President's Office Use Only:							
Date RCV'D in President's Office:			 Discussed with: Returned due to missing/incorrect information Reason(s): 				
President's Office Staff Comments:							
Completion Date:	Please specify any s	special routing re	quests:				