



REQUEST #: _____ (FOR FISCAL ONLY)

COVID-19 Resource Request

I. BASIC INFORMATION

EXPENSE PROPOSAL TITLE: _____

DIVISION/UNIT: _____ PRIMARY CONTACT: _____

DATE: _____ EMAIL ADDRESS: _____

II. EXPENSE DETAILS: Provide a simple, high-level description of the Expense Proposal that clearly states the overall goal of the initiative. If the description is highly technical or utilizes acronyms, please provide a one paragraph summary in layman’s terms of the proposal.

III. EXPENSE JUSTIFICATION/NEEDS: Provide a simple, high-level description of the benefits to student learning or service improvements the proposed expense will achieve.

IV. TIMELINE: Indicate when item(s) are needed. Estimate duration in months/weeks of how long it would take to complete this proposal. Are there business milestones or dependencies that have an effect on when this proposal should be implemented?



V. **RESOURCE REQUIREMENTS:** Total Amount Requested: _____

DESCRIPTION	QTY	UNIT COST	TOTAL COST
TOTAL			

VI. **INFORMATION SYSTEMS APPROVAL - TECHNOLOGY RELATED REQUEST(S) :**
 Approved Not applicable IS Authorized Signature: _____ **REQUIRED**

VII. **DEPARTMENTAL APPROVAL:**
Recommendation by Dean/Director/Division Vice President (check one):
 High Priority - This proposal is critical and urgent.
 Medium Priority - This proposal is important and valuable.
 Low Priority - This proposal is useful.

Dean/Director: _____ **REQUIRED** Division Vice President: _____ **REQUIRED**

Submit this form by email to COVIDfiscal@palomar.edu AFTER approval by Dean/Director and Division Vice President.

VIII. **FOR FISCAL SERVICES USE ONLY**
 CARES-Institutional **Budget string to charge:**
 CARES-MSI _____
 COVID-19 BLOCK GRANT

IX. **EXECUTIVE CABINET APPROVAL**
 This proposal is approved Approval date: _____
 This proposal is approved with changes

 This proposal is not approved