

COE New Faculty – Request for Start-up Funds

Fillable Form

Note: Any combination of the following allowable expenses may be requested. The total amount may not exceed \$7, 500.00. All requests must be submitted in writing to the department head. No request received after the first six months of employment will be considered. Items purchased remain the property of MSU and retained at the University when employment ends. All travel must follow department, College, and University policies.

Date: _____ Requestor (print): _____

Program/Dept./Unit: _____

Print, sign, date, and submit completed form to your immediate supervisor who will then submit to the dean. Information needs to be specific. Incomplete forms will be returned for corrections.

Moving Expenses: Not to exceed \$5,000.00 Follow University's procedures on the MSU Procurement website.

Company Information	Special Instructions	Cost Estimate

Travel/Hotel: Not to exceed \$1,500.00 Expenses incurred for additional trip to Springfield to search for housing. Only expenses for the new faculty member will be reimbursed. Must complete University Travel Expense Form and attach receipts when completed and submit to Dean's Office.

Date	Estimate miles, hotel, meals	Cost Estimate

Travel to one or more national/international conference: Not to exceed \$1,500.00 Must present research that has been peer reviewed by the organization. Must complete University Travel Expense Form and attach receipts when completed and submit to Dean's Office.

Date	Conference	Estimated Expenses	Cost Estimate

Office Furniture: Not to exceed \$500.00 Beyond what is normally provided by the department or college to accommodate a special need associated with teaching or research.

Date	Item	Description/Purchase Information	Cost

Hardware/software related to teaching/research needs: Not to exceed \$1,000.00 Beyond what is normally provided by the department or college.

Date	Item	Description/Purchase Information	Total Cost Estimate

Any additional comments:

Total amount requested: _____

Printed Name/Requestor: _____

Signature/Requestor: _____

Date: _____

Printed Name/Dept. Head: _____

Signature/Dept. Head: _____

Date: _____

Approved by Dean, Dr. David Hough

Signature: _____

Date: _____

Once approved, copies will be distributed to faculty member, department head, and Dean's office.

The Dean's Office will work with faculty member on purchases.

Approved 8/30/19