**AMOUNT REQUESTED:**

|  |  |
| --- | --- |
| **Total Amount To Be Approved: (HST included)** | **$** |
| **Unexpected Expense:** *(Yes/No)* |  |
| **Budget Verified By Requester:** *place* ***✓*** *in box if yes* | **Yes** |
| **Available Budget In Respective Budget Line(s):** | **$** |
| **Timeline For The Expenditure:** |  |
| **Lead Responsible Person (VP or AVP):** |  |

**FUNCTIONAL EXPENSE LINE DETAILS:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Department Code** |  | **Budget Expense Line Code** |  | **Amount $** |
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**If The Request Is For Course Materials:**

|  |  |
| --- | --- |
| **Course Code & Name:** |  |
| **Expected or Current Enrolment:** |  |
| **Details of Current Inventory Levels of Materials Being Requested:** |  |

**Full Description Of The Proposed Expenditure and Impact If NOT Approved:**

|  |
| --- |
|  |

**Stakeholder Consideration: Risks Of Not Proceeding With The Expenditure.**

*Consider Students, Faculty Staff, Donors, Government, External Funders and Alumni*

|  |
| --- |
|  |

**Associated Risks With Not Proceeding With The Expenditure and Risk Mitigation Strategies For The Risks Identified:**

|  |  |
| --- | --- |
| *Associated Risks* | *Risk Mitigation Strategies* |
|  |  |
|  |  |
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| --- | --- |
| **Submitted By:** |  |
| **Date Of Submission:** |  |
| **Division Chair Signature:** |  |
| **VP or AVP Signature:** |  |
| **Date Reviewed By SMT:** |  |
| **APPROVED / NOT APPROVED:** |  |