



### Additional Funding Request (AFR)

Budget Manager	Campus/Dept. #	Campus/Department Name

Capital       Operating

Budget Year: \_\_\_\_\_ Account #: \_\_\_\_\_ Amount: \_\_\_\_\_

Mandated Request      Frequency of Expenditure: \_\_\_\_\_

**Description of Request (not to exceed 600 characters)**

Provide information on what is being requested, how it will be used, how it will improve current practices, etc.  
**Attach quotes or any other useful paperwork that will aid in evaluation of the requested item.**

*Completed forms should be returned to [leana.price@gccisd.net](mailto:leana.price@gccisd.net)*

