



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 glenda.woodruff@gccisd.net

