

IFR #

(Finance Office Only)

Graziadio School of Business and Management Incremental Funding Request Form

OTHER STRATEGIC REQUEST



Requester Name

Signature Level *(Finance Office Only)*

Fiscal Year

Department ID

Department Name

Requested Amount

Short Description (300 Characters Max)

Strategic Rationale:

Why are you pursuing this action?

Please substantiate the requested amount.

Impact Analysis - How will you measure the effect of this investment?