# SUBVENTION/PROJECT REQUISITION

UCLA College | Humanities Center for 17th- & 18th-Century Studies

THE CLARK WILLIAM ANDREWS CLARK MEMORIAL LIBRARY – UCLA

Last Name: _____ First Name: _____ Middle Initial: _____

Email Address: _____ Phone: _____

UCLA Department: _____ Phone: _____

Project Title: _____

Expected Start Date of Project/Work:_____ Expected Completion: _____

Funds Requested: _____

Please provide a brief budget outline below:

| Item/Category | Amount | Details |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| Total Requested: | $ 0.00 | |

Description of Project/Book:

*(400 words max)*

Email completed form to Jeanette LaVere at jlavere@humnet.ucla.edu

Department Use Only

Date Submitted:

Approved:

Approved by:

Approved Funding $: