



**University of Iowa Hospitals & Clinics  
Volunteer Services  
Request for Funds Approval Form**

Department Requesting Funds \_\_\_\_\_

Date of Request \_\_\_\_\_

Individual Submitting Request \_\_\_\_\_

Campus Mail Address \_\_\_\_\_

Phone Number \_\_\_\_\_

**Project or Request Title** \_\_\_\_\_

**Approval of Primary Department Chair or Department Head**

Name (printed): \_\_\_\_\_

Date Signed: \_\_\_\_\_

Signature: \_\_\_\_\_

**Approval of Collaborating Department Chair or Manager**

Name (printed): \_\_\_\_\_

Date Signed: \_\_\_\_\_

Signature: \_\_\_\_\_