

**UNIVERSITY OF ILLINOIS AT CHICAGO**  
**REQUEST FOR RETURN OF LAPSED FUNDS FROM TERMINATED SELF-SUPPORTING FUNDS (GREATER THAN \$10,000)**

1) Fund (code and title) \_\_\_\_\_ Amount Lapsed \$ \_\_\_\_\_

Dept Org Code \_\_\_\_\_ Dept Title \_\_\_\_\_

Dean or Vice Chancellor (VC) Org Code \_\_\_\_\_ Dean or VC Title \_\_\_\_\_

Contact \_\_\_\_\_ Phone number \_\_\_\_\_

2) Describe the activity accounted for in this fund.

3) Specify the amount requested for return (Note: allocation of funds will be on a reimbursement basis for approved expenses).

4) Explain how the unit plans to spend the requested funds, including an anticipated timeline of spending.

5) Provide any other relevant information, data, or comments related to justification for return of funds.

6) Provide the state C-FOAP where the funds should be transferred.

**Completed by:**

**Date:**

**Department Head Signature:**

**Date:**

**Dean or Vice Chancellor (or designee) Signature:**

**Date:**

*Submit to BPA@uic.edu*

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**BPA OFFICE USE ONLY:**

**Amount Approved for Return \$** \_\_\_\_\_

**Comments**

**Provost Designee Signature:**

**Date:**