

# CARIBBEAN NAZARENE COLLEGE

## BOOK GRANT FORM

### FACULTY INFORMATION

Date

Requested: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

Phone/Extension: \_\_\_\_\_

### REQUEST DETAILS

Book Information (please state the complete referencing):

1. \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_

\_\_\_\_\_

Amount requested (\$) : \_\_\_\_\_

(Please attach any invoices)

Employee's Signature: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_

### ACCOUNTS

Request Approved:    Yes     No

Amount awarded (\$): \_\_\_\_\_

Allowance balance for the year: \_\_\_\_\_

Bursar's Signature: \_\_\_\_\_

