

# SCHOOL OF MUSIC RECORDING

## SPECIAL RECORDING PROJECT REQUEST

For use within the College of Fine Arts only, for the purpose of notifying the Fine Arts Recording Studio of departmental support allocated to special recording projects. Submit to your Chair or Director for approval. No work can be done on your project until your funding is approved. Work on your project will be limited by the amount of approved funding. Bring approved requests to the Fine Arts Recording Studio to schedule work on your project.

Use a separate form for each project. **Do NOT combine projects.** Date: \_\_\_\_\_

1. Department: \_\_\_\_\_

2. Requestor Name: \_\_\_\_\_

3. Description of recording project:

4. Estimated Cost: \$ \_\_\_\_\_

5. Project funding: (select as appropriate)

Charges to be paid personally by Requestor: \$ \_\_\_\_\_

Charges to be paid by other source: (specify in detail) \$ \_\_\_\_\_

Charges paid by UT Account (fill in information below)

_____ Account Number	_____ Account Title
Funded not to exceed: \$ _____	Funding expires: _____ 20____
Request Approved: _____ <div style="display: flex; justify-content: space-between; width: 80%; margin: 0 auto;"> <span>Departmental Signatory Authority</span> <span>Date</span> </div>	