



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER.
School of Medicine

Department Name: _____

Source of Funds	Year 1	Year 2	Year 3
State:			
Grant:			
Other:			
Other:			
Total Contractual/Other Income:			
Total Income:			

Additional information regarding funds: _____

Will the department be providing any of the following?

- | | | | |
|--------------------|-----|----|-------------------------|
| 1. Start Up Funds: | Yes | No | If Yes, How much: _____ |
| 2. Sign On Bonus: | Yes | No | If Yes, How much: _____ |
| 3. Relocation: | Yes | No | If Yes, How much: _____ |