TENNESSEE ATHLETICS

To: Athletic Director

From:

Date:

Re: Athletically Related Outside Income

Please accept this request for approval of my participation in

_____

(activity/contract)

On _____ for $_____.
(date) (amount)

I, _____, certify that compensation is for additional work actually performed and at a rate commensurate with the going rate in that locality for services of like character.

_____ _____
Signature Title

>>

This request has been: APPROVED _____ DENIED _____

_____

Michael E. Hamilton / Joan C. Cronan
Director of Athletics