

**REQUEST FOR TEMPORARY ACCOUNT NUMBER or TEMPORARY EXTENSION
OF ACCOUNT IN ABSENCE OF AN EXECUTED AWARD DOCUMENT**

___ **New** Account Number (no prior account) **MULTI-YEAR ACCOUNT?**

Yes	No
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___ Account number for **continuation year** for Current Account Number _____

___ **Extension** of Current Account Number _____

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PROJECT INFORMATION:

Sponsor/Agency _____

Proposal Title _____

Principal Investigator _____

UNIT: School _____ Department/Division _____

Unit Administrator _____

NAME and PHONE# of contact person to be notified with approved account number:

AN ESTIMATED, ITEMIZED BUDGET IS ATTACHED.

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INTENT TO FUND:

___ Correspondence of intent to fund the project has been received from the sponsor agency (a copy is attached).

OR

___ Verbal communication has been received that the project will be funded and the following information has been obtained:

Agency's Grant/Contract No _____ Start/End Dates _____

Amount of Award _____ Date Information Obtained _____

Information obtained from: _____
(Name & Title & Phone # of Sponsor Contact)

SIGNATURE OF PRINCIPAL INVESTIGATOR: _____

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GUARANTEE: In the unlikely event that the award is not made, the expenditure of funds is hereby guaranteed by the Department Chair or Director, and this signature serves as the authorization to transfer any expenditures incurred to the account indicated below. THE GUARANTEE ACCOUNT IS A SOLVENT ACCOUNT.

when permitted by agency policy:

Account no.: _____ **PREAWARD COSTS REQUESTED**

Yes	No
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Signature of Department Chair or Director _____ Date _____

Typed Name and Title: _____

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APPROVAL:
OFFICE OF RESEARCH AND DEVELOPMENT _____
(Signature and Date)