



# Office of Sponsored Programs Accounting Advance Fund Request Form

Principal Investigator(s): \_\_\_\_\_

Department: \_\_\_\_\_ College: \_\_\_\_\_

Sponsoring Agency: \_\_\_\_\_ Award No. (if available): \_\_\_\_\_

Prime Sponsor (If subcontract): \_\_\_\_\_ Proposal No.: \_\_\_\_\_

Project Title: \_\_\_\_\_

Period of Authorization: From \_\_\_\_\_ To \_\_\_\_\_ Expected Award Begin Date: \_\_\_\_\_

Award Information: New \_\_\_\_\_ Continuation \_\_\_\_\_ FOP for Continuation Project: F \_\_\_\_\_ O \_\_\_\_\_ P \_\_\_\_\_

Funding Source: Federal \_\_\_\_\_ Pass-through \_\_\_\_\_ State \_\_\_\_\_ Local/Private \_\_\_\_\_ Federal Appropriation \_\_\_\_\_ State Appropriation \_\_\_\_\_

Estimated Award Amount: \$ \_\_\_\_\_ Requested Advance Amount: \$ \_\_\_\_\_

F&A (indirect cost) \_\_\_\_\_ % of Base \_\_\_\_\_  
SWF, TDC, MTDC

Justification: \_\_\_\_\_

### Principal Investigator Certification:

I certify costs incurred will be expended within the sponsor approved performance period and budget categories in accordance with all University, Federal, State and Sponsoring agency regulations as well as guidelines pertaining to Human Subjects, Animal Subjects, and Conflicts of Interest. In addition, I realize dates of service of employees hired under this agreement are limited to the performance period of the agreement.

Principal Investigator \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a copy of the proposal and budget to this advance form—Sponsored Programs will not set up an advance without this information, and an advance form received without it will be returned to the PI.**

### Department Chair/ Dean Certification:

In authorizing the establishment of this advance fund on behalf of the PI, I assume the financial risk in the event the award is not made by the sponsoring agency, accepted by the University, or if expenditures incurred are found to be unallowable and/or outside of the University, State, Federal, and/or Sponsoring agency regulations. I authorize the following Banner FOP to be charged for any and all expenses incurred if such aforementioned events occur:

Fund \_\_\_\_\_ Organization \_\_\_\_\_ Program \_\_\_\_\_ Approved Amount: \$ \_\_\_\_\_

Department Chair \_\_\_\_\_ Date \_\_\_\_\_

Dean \_\_\_\_\_ Date \_\_\_\_\_

### Associate Vice Chancellor of Research / Office of Research and Technology Transfer Authorization:

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