

Working Fund Research Fund Advance Request Form

Working Fund Research Grant Advances allows researchers to have monetary funding readily available for expenditures to complete research projects per their grant agreement. Funds received are to be used for these purposes, only. _____ Date: ____ Principal Investigator: _____ Fund Custodian: _____ ID#_____ Department Name: _____ Project Title: _____ Total Requested Funds for Advance: \$ _____ Requested Fund Installment #1(installment payments not to exceed \$1,000): \$ Research Fund Period (not to exceed 180 days): ___ Justification for Advance Request/ Description of Research: (Attach a memo if additional description information is needed.) If a new fund custodian, the completed Working Fund Research Fund Custodian Agreement Form is attached Your signature certifies that you are aware of the terms for securing University funds for research projects and acknowledges the responsibilities for safeguarding the University's resources according to the custodial agreement. Required signatures: **Fund Custodian** Date **Principal Investigator** Date Supervisor Date Office of Sponsored Programs Date To Be Completed by the Comptroller's Office: Advance: Purchase Order: #1 \$_____ check #_____ Initials_____ Approved_____ Date:_____

#2 \$______ check #_____ Initials_____ Approved______ Date:____

#3 \$_____ check #____ Initials Approved _____ Date:_____

#4 \$ check # Initials Approved Date: