TO: Office of Research Administration and Advancement

SUBJECT: Assignment of Advance Account Number

It is the intention of this laboratory to begin or continue the following project.

1. Project Title:
2. Sponsor:
3. Effective Date:
4. Expected Contract/Grant Value: $
5. New Project: _____
6. Continuation or Renewal: _____ University Account Number

We request that you assign an account number to be used for incurring costs so that we may allow for the furtherance of effort on the above project. It is understood that this form authorizes the CES Office of Research Administration and Advancement to issue an account number and commits the laboratory to reimburse the established account for any deficit that might result if an appropriate contract or grant is not issued.

Guaranteeing Account Number(s): __________________________ Amount: $ __________

_________________________ $ __________

Time Period: ______________ to ______________

__________________________________
Project Director

__________________________________
Laboratory Director

__________________________________
Number Assigned: ____________________ Date Assigned: ____________________

__________________________________
Erica Kropp
Director, ORAA