

REQUEST FOR ADVANCE WBS ELEMENT (Advance Account Request)

UT Research Foundation

University of Tennessee

Project Title _____
Person Completing Form: _____ Phone No: _____

Project Type: _____

Proposal ID No (Required for Sponsored Projects): _____ Grant/Contract No: _____

Date proposal sent to Office of Research: _____ - _____ - _____

Does this WBS Element need to be associated with an existing project? YES NO

(If so, what is the project number _____ and the project funds center _____)

Funds Center Number for WBS (REQUIRED): _____

College and Department: _____

Business Area: _____ Functional Area: _____

Requested/Expected funds: \$ _____ Performance Period: _____ - _____ - _____ to _____ - _____ - _____

RESPONSIBLE PERSON:	PRINCIPAL INVESTIGATOR:	DEPT. BOOKKEEPER:
Name: _____	Name: _____	Name: _____
Personnel No: _____	Personnel No: _____	Personnel No: _____

Sponsoring Agency/Source of Funds: _____

Nature of Agency/Source of Funds: _____

Are governmental flow-through funds involved? (If so, explain below) YES NO UNSURE

IRIS Customer No. (Optional): _____ Staff Benefits Indicator: _____

Is Cost-Sharing or Matching required? If so, explain requirement and indicate cost-sharing cost center or WBS numbers
(attach any supporting documentation): _____

Additional Relevant Information: _____

***** APPROVALS FOR ADVANCE REQUEST *****

By signing this request form, I am fully aware that if for some reason the project is not funded by the sponsoring agency, all expenses incurred on this WBS element must be paid with departmental funds. **NOTE: FOR THE KNOXVILLE CAMPUS, THE DEAN'S SIGNATURE IS REQUIRED FOR ADVANCE REQUESTS.**

PLEASE FORWARD THE COMPLETED AND SIGNED FORM TO YOUR CAMPUS BUSINESS OFFICE.

Department Head OR
Development Office

Dean

Chief Business Officer

Date

Date

Date