UNIVERSITY OF NORTHERN IOWA  
Office of Sponsored Programs

PROVISIONAL ACCOUNT AUTHORIZATION

DATE:

PROJECT DIRECTOR:  
DEPARTMENT:

PROJECT TITLE:  
SPONSOR:

This is a request for a provisional account to be established for the above referenced project to cover necessary, reimbursable expenditures for a ____________ month period beginning ________________. Receipt of a grant or contract award in the amount of $ ________________ is anticipated within this time frame.

The sponsor's communication of its intent to fund this project is summarized as follows:

If this project is not funded as anticipated, the Department Head and Dean (or Division VP) whose signatures appear below agree to cover with local funds under their control all unreimbursed charges to this account.

APPROVALS: (The Project Director should obtain the signatures indicated by an "x" and forward this form to the Grants and Contracts Administrator. Fully executed copies will be sent to all persons providing approvals.)

x ________________________________  x ________________________________
Project Director                             Department Head

x ________________________________
Dean or Division VP

Grants & Contracts Administrator

G&C Control No. ____________________________

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cc(encl): Approval Signatures