

PROVISIONAL ACCOUNT AUTHORIZATION REQUEST

Date:

PRAF #:

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 on . Receipt of the award document in the amount of \$ is anticipated within this time frame.

Important! Please attach sponsor's communication of its intent to fund this project to this form.

Add any supporting notes here:

Please note: If this project is not funded as anticipated, the Department Head and Dean (or Division VP) whose signatures appear below will be responsible for covering any unreimbursed charges to the Provisional Account using funds from any account(s) under their control.

Approvals:

Project Director/Date

Department Head/Date

Dean or Division VP/Date

Director RSP/Date