

PRELIMINARY ACCOUNT REQUEST
(Ver. 7/7/09)

MEMORANDUM

DATE _____

REQUEST FOR:

New Account No. - New Project
New Account No. - Renewal/Continuation of Account No. _____
Supplement and/or Extension of Account No. _____
_____ Org # to be used on fund

REFERENCE: Sponsor: _____

Prime Sponsor: _____

Project Title: _____

PI's Name: _____

PI's MSU ID Number: _____

It is requested that a Preliminary Account be established in the amount of \$_____ to cover necessary expenditure for a _____ period beginning _____.

Should my project not be funded, my Department Head/Dean/Director agrees to cover with local funds, under the control of the Department/College, all charges made to this Preliminary account from account number _____.

Principal Investigator Date

Department Head Date

Dean/Director Date

The Sponsor has been contacted and we have reasonable assurance that the grant/contract will cover the requested expenditures.

Sponsored Programs Admin Date

| <u>Type of Account</u> | <u>Source of Funding (Check One)</u> | <u>Type of Activity (Check One)</u> |
|------------------------|--------------------------------------|-------------------------------------|
| 30 Restricted | Federal | Research |
| 31 CVM Restricted | State | Public Service |
| 32 MAFES Restricted | Private | Instruction |
| 33 FWRC Restricted | ARRA Funds | |
| 34 MCES Restricted | | |

Please attach a copy of your budget and highlight the categories from which you anticipate expenditures. Items that require prior approval from the agency should not be anticipated as expenditures.

Please return form to: Sponsored Programs Administration - Mail Stop 9564