

UNIVERSITY OF NORTHERN IOWA
Grants and Contracts Office

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 _____
Project Director

x _____
Department Head

x _____
Dean or Division VP

Grants & Contracts Administrator
G&C Control No. _____

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(To be assigned by Grants and Contracts Office)

PROVISIONAL ACCOUNT NUMBER: _____

Do not initiate spending from this number until confirmation is received that it is activated.

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cc(encl): Approval Signatures