

DEPARTMENTAL AT RISK - ADVANCE ACTION REQUESTED
FOR
RELEASE OF FUNDS and/or TIME EXTENSION

TO: Tim Anderson, Associate. Dean for Research and Administration **Date:**

FROM:

I would like to request the following Advance Action(s):

Advance Action - Existing Project ID: (normally limited to 3 months)	
<input type="checkbox"/>	Time Extension: _____ Dates: _____
<input type="checkbox"/>	Release of Additional Funds: Amount: \$_____

OR

Advance Action – Create and Open New Project ID: (normally limited to 3 months)			
<input type="checkbox"/>	Project ID - to be assigned	_____	Existing Contract? Yes <input type="checkbox"/> Contract ID: _____
<input type="checkbox"/>	Advance Release of Funds	Amount: \$_____	
<input type="checkbox"/>	Duration of Advance	Dates: _____	

Project Information:			
Principal Investigator:		_____	
Project Sponsor:		_____	
Prime Sponsor: (if applicable)		Federal <input type="checkbox"/>	State <input type="checkbox"/>
Project Title: (brief)		_____	
Sponsor Contact (Required)		Name: _____	Phone: _____
Justification for the Advance Request: (brief – attach extra documentation as needed)			

Department / College Approvals:	
<i>My department will be responsible for any charges incurred if the Sponsor's Official Approval to cover these advance actions is not forthcoming. All expenses incurred will be hence moved to Department Project ID: _____</i>	
Department Chair/Director:	_____
EIES - College Dean:	_____

Office of Engineering Research Review:	
Staff review completed (initial/comments):	Approval:
	<i>Roslyn S. Oleson, Assistant Director of Research</i>

Note: This form should not exceed one page – any additional justification should be attached.