

REQUEST FOR WBS ELEMENT (Sponsored Projects)

Advance Account: Yes No

Project Title _____

Person Completing Form: _____ Phone No: _____

Project Type: _____

Proposal ID No: _____ Date proposal sent to Office of Research: ____ - ____ - ____

Grant/Award No: _____ TERA Project No: _____ Fee Waiver? Yes No

Does this WBS Element need to be associated with an existing project? Yes No

(If so, what is the project definition number _____)

WBS Element Funds Center Number (REQUIRED): _____ Advanced Spending? Yes No

College and Department Number: _____

MOU Reporting Area /Vice Chancellor Code: _____ Dean/Director Code: _____

Business Area: _____ Functional Area: _____

Requested/Expected funds: \$ _____ Performance Period: ____ - ____ - ____ to ____ - ____ - ____

RESPONSIBLE PERSON: PRINCIPAL INVESTIGATOR: DEPT. BOOKKEEPER:

Name: _____ Name: _____ Name: _____

Personnel No: _____ Personnel No: _____ Personnel No: _____

Sponsoring Agency Name: _____

Source of Funds: Federal State Local Private

 If federal or federal flow-through funds involved, CFDA number _____

IRIS Customer No: _____ Does WBSE pay for Staff Benefit? Yes No

Is Cost-Sharing or matching required? If so, explain requirement and indicate cost-sharing cost center or WBS numbers
(Attach any supporting documentation):

Additional Relevant Information:

*** APPROVALS FOR ADVANCE REQUEST ***

By signing this request form, I am fully aware that if for some reason the project is not funded by the sponsoring agency all expenses incurred on this WBS element must be paid with departmental funds. **NOTE: FOR THE KNOXVILLE CAMPUS, THE DEAN'S SIGNATURE AND COMPLETED "RESEARCH AND LABORATORY COMPLIANCE" FORM ARE REQUIRED.**

PLEASE FORWARD THE COMPLETED AND SIGNED FORM TO YOUR CAMPUS BUSINESS OFFICE.

_____ Department Head	_____ Dean	_____ Chief Business Office
_____ Date	_____ Date	_____ Date