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