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: _______________________

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): __________________________

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: ___________________ NAME: ___________________ DEPT. BOOKKEEPER: ___________________

Name: ___________________ Personnel No: ______________ Name: ___________________ 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 IS REQUIRED FOR ADVANCED WBS ELEMENT REQUESTS.

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

Department Head ___________________ Dean ___________________ Chief Business Office ___________________

Date ___________________ Date ___________________ Date ___________________