**UNIVERSITY OF WISCONSIN - MILWAUKEE**

**Memorandum**

**TO:** Office of Sponsored Programs

**FROM:** **,** Principal Investigator/Project Director

**SUBJECT:** Request for Advance Account

**DATE:**

This is to request that a Project/Grant number be established for the sponsored project entitled

Sponsor Name:

Expected award amount: $

Project period: from       to      .

Funding string for expenses if award is not completed:

Contact information for sponsor's representative who can verify the status of the anticipated award:

Name:

Phone:

Email:

We, the undersigned, understand that all expenses charged to this account are the responsibility of the School or College endorsing this request. If the anticipated award is not provided by the sponsor or if the sponsor’s terms and conditions conflict with UWM or UW System policies and cannot be negotiated, the School/College agrees to transfer all expenses to the listed accounted to enable the Advance Account to be closed.

Endorsed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Chair Date Unit Business Representative Date

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Dean Date

Comments:

OSP Comments:

WISPER # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_