

RIT SRS Contingency Account Request Form

PI Name:
Project Title:
Sponsor:
SRS Proposal #:
Anticipated Award Amount:
Anticipated Start Date:

1. Please attach any communication/notification that you have received indicating that an award is forthcoming? If there is no communication, please justify?

2. Rationale for contingency spending:

3. Please note any special conditions or limitations (e.g. dollar level of backing funds, end date for the contingency, etc.):

4. What is the source of the backing funds (*source signature required below*)?

Department Name:

College or Division Name:

Discretionary Account #: 01. .XXXXX. . .00000

Other: Please specify source and pertinent details in the space immediately below

By signing this form, I understand that if funding is not received from the sponsor I will be responsible for funding all expenditures that have been charged to this project account.

Approved by:

Signature

Date

Name:

Title:

Please send your completed and signed request to: PostAward@rit.edu

Internal Use Only

Date Received:

Notes: