

# SRS Contingency Account Request Form

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PI Name:

Novelution #:

Project Title:

Sponsor:

Anticipated Award Amount:

Anticipated Start Date:

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

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, only authorizing certain types of costs etc.):

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

Department (Dept Head or cost center manager signs):

College or Division (Dean or cost center manager signs):

Discretionary Acct# (PI signs): Workday Account #: PJ

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 or costs fall outside the approved period of performance, I will be responsible for funding the 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](mailto:PostAward@rit.edu)

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**Internal SRS Use Only**

Notes:

VPR Signature: \_\_\_\_\_