

Authorization to Transfer Funds from an Operating to a Research Account

Name of the Researcher for whom the account is to be established: _____

Operating Account in which funds are currently held: # _____.

Owner of the Operating Account: _____ Amount to be Transferred: _____

Date of Transfer: _____

Title & Description of the Research/ Scholarship to be supported include:

- A. A **title** for the Research/Scholarly Project
- B. A **description** of the research /scholarship to be undertaken. At a *minimum* this should be 1 page in length outlining:
 - 1. the **specific research/scholarly activities** that will be supported - (i.e. what are they, when will they happen, where will they happen, etc.)
 - 2. the **anticipated results** the research/scholarship is expected to produce (e.g. new knowledge, a manuscript/recording, new skills...)
 - 3. what the funding will pay for (e.g. how much for travel, how much for consultants, accompanists, equipment {name the equipment to be purchased}, etc), i.e. what are the expected **budget allocations**?

(attach additional pages as necessary)

If this is supporting research previously vetted and/or funded, please provide the title of that research project:

Anticipated **Time period** (3 yr max.) over which the account is to be maintained: _____ to _____

Allowable categories of expenditure: (check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> research assistants / associates | <input type="checkbox"/> research equipment (provide details in attachment) |
| <input type="checkbox"/> technical services | <input type="checkbox"/> travel for research |
| <input type="checkbox"/> travel for dissemination | <input type="checkbox"/> materials & supplies |
| <input type="checkbox"/> printing | <input type="checkbox"/> professional services (translation, statistical consulting, etc.) |
| <input type="checkbox"/> other (specify): | |

Approvals Required:(check all that apply)

____ ethics ____ animal care ____ radiation safety ____ biosafety ____ other (specify)

Note: Funds will be accessible only after all required approvals are in place.

Signatures:

Researcher to whom funds are

being transferred: _____ Date: _____

The signature indicates that the research will be performed in the manner specified in the proposal and in accordance with the research policies of the University.

Account Owner: _____ Date: _____

The signature of the Account Owner (e.g. Dean/Chair)also signifies that the project is academically acceptable to the University and that he/she will commit the funds specified above to this project.

Vice President,

Academic & Research: _____ Date: _____

The signature assures the research has been reviewed and will be performed in accordance with the policies of the University.

Comptroller (budget approval) _____ Date _____

Accounting Office use only: _____
Research Account # _____
Date of transfer _____