

Transmittal Form Request for Sponsored Project Number

Request Date:

Request by:

Principal Investigator:

Title of Project:

Funding Agency:

Grant Number:

ORS File #:

_____ **A copy of the Award Letter or executed contract**

_____ **Grant Guidelines/Terms and Conditions (if not included in award letter)**

_____ **A copy of Budget as approved by funding agency**

_____ **Documentation of Approval from appropriate University Review Committees**

_____ **Institutional Review Board (IRB)**

_____ **Institutional Biohazard Committee (IBC)**

_____ **Radiation Safety**

_____ **Institutional Animal Care and Use Committee (IACUC)**

_____ **If cost share is required, please provide the funding source**

Approved by

I certify that the guidelines and terms and conditions have been read; facilities and administrative costs have been verified; and the appropriate documents are attached.

Department Business Official

Printed Name

Date

The department will be responsible for all charges if the agreement is not fully executed or if charges are incurred before the actual begin date.

Department Head Signature

Printed Name

Date

***The original signed request form is to be routed to campus mail.**

Revised 5/19/16