

Transmittal Form Request for Sponsored Project Number

Request Date: _____ Request by: _____
 Department Number: _____ Project #/Alpha: _____
 Principal Investigator: _____
 Title of Project: _____
 Funding Agency: _____
 Grant Number: _____ ORS File #: _____

- _____ A copy of the Award Letter or executed contract
- _____ A copy of the yellow routing sheet which shows the assigned ORS File number
- ___ 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 |