



# Interim Funding Request Form

Interim Funding Type

Principal Investigator:

System Member:

Department:

Maestro No.

Sponsor:

Account No.

Prime Sponsor:

Proposal No.

Period of Performance for Interim Funding

From:

To:

### Eligibility - Per Member Guidance

Proposal is fully routed and approved

Project personnel are FCOI compliant (*TAMU 15.01.03.M1*)

Notification Received from the Sponsor's Authorized Official

Confirmed Start Date: (Attach backup)

#### To be verified by SRS Assistant Director:

Sponsor is not on State of Texas Vendor Hold

Sponsor is not delinquent (91 days late) in payment on any SRS project

All necessary research compliance assurances are complete:

FCOI IBC Other:

Export Controls IRB

Radioactive Materials IACUC

Additional Notes:

### Budget Information

Expected Award Amount:

Interim Funding Amount Previously Approved:

Budget Category			Amount
Salaries & Wages			
Fringe Benefits			
Travel			
Supplies			
Equipment			
Other:			
Indirect Cost	Base:	Rate:	
<b>Total Funds Requested for this Action</b>			

PA/AD Notes:

Project Administrator

Signature of Project Administrator

Date

SRS Assistant Director

Signature of SRS Assistant Director

Date

### \*\*\*For Interim Funding in excess of \$30,000 direct costs\*\*\*

IF THE ANTICIPATED AWARD FOR THIS INTERIM FUNDING IS NOT RECEIVED, OR IF EXPENDITURES ARE UNALLOWABLE OR DISALLOWED BY THE SPONSORING AGENCY, I CERTIFY THAT THE EXPENSES INCURRED UNDER THIS INTERIM FUNDING ACTION MAY BE BILLED TO THE BACKUP ACCOUNT. I FURTHER CERTIFY THAT FUNDS IN THIS ACCOUNT ARE FROM A NON-SPONSORED SOURCE

Backup Account No.

Print Name of Authorized Individual on Backup Account

Responsible Dept.

Signature of Authorized Individual on Backup Account

Principal Investigator

Signature of Principal Investigator

Date

Dept. Head/Dean

Signature of Dept. Head/Dean

Date

Member (if applicable)

Signature of Member

Date

*Please attach additional documentation if necessary.*