

Date _____ Prime Dept/Fund # _____ Principal Investigator _____
Sponsor / Prime _____ Agency # _____

REQUESTED ACTION

ALLOCATE FUNDS (establish an allocation and/or transfer funds from source account to destination account)

SOURCE ACCOUNT

Dept # _____ Fund # _____
Investigator: _____
Title/Purpose: _____

BUOB	Amount	BUOB	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DESTINATION ACCOUNT

Dept # _____ Fund # _____
Investigator: _____
Title/Purpose: _____

BUOB	Amount	BUOB	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COST SHARING (establish a cost sharing allocation and/or increase cost sharing amounts not shown on the project's current PC Form)

Dept # _____ Fund # _____

- Voluntary Cost Sharing (offered by PI)
 Mandatory Cost Sharing (required by sponsor)

Debit Account # _____

Direct Costs ¹	_____
F&A Costs	_____
TOTAL COSTS	_____

Direct Costs¹

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Equipment

F&A Costs

63 _____ 83 _____

1. If desired, total direct costs can be budgeted into Unassigned (87), in which case the same budget-object codes will be opened as are available in the primary account.

DESCRIBE the purpose for this fund allocation or cost sharing (attach additional sheets if necessary)

APPROVALS

Principal Investigator _____
Signature _____ Date _____

Other _____
Signature _____ Date _____

Department Chair _____
Signature _____ Date _____

Dean _____
Signature _____ Date _____

ADMINISTRATION

COMMENTS

Fund _____ Initials _____ WF # _____ Date _____ Fund _____ Initials _____ WF # _____ Date _____

INSTRUCTIONS FOR ALLOCATION REQUEST FORM

HEADING INFORMATION

Date	Enter the date that the form is completed and sent for signatures.
Prime Dept/Fund #	Enter the main department-fund number where the fund originates.
Principal Investigator	Enter the PI to whom the award was made.
Sponsor / Prime Agency #	Enter the agency granting the award and the prime agency if this is a subaward. Enter the agency's tracking number for the award.

REQUESTED ACTION

Allocate Funds

Check here if you want to transfer funds to an allocation. If the allocation does not exist, a new one will be created based upon the information in the destination account column.

Source Account

The source account is the fund number from which funds will be transferred.

- **Dept # / Fund #** Enter the department and fund number where the fund will be taken from.
- **Investigator** Enter the investigator responsible for this particular fund number.
- **Title/Purpose** Enter the title or purpose of the fund. If appropriate, you may simply list "PRIME."
- **BUOB / Amount** List the budget-object codes and corresponding amounts where you want funds taken from.

Destination Account

The destination account is the fund number to which funds will be transferred. If this allocation account does not already exist, it will be created.

- **Dept # / Fund #** Enter the department and fund number where the fund will be budgeted.
- **Investigator** Enter the investigator responsible for this particular fund number.
- **Title/Purpose** Enter the title or purpose of the fund.
- **BUOB / Amount** List the budget-object codes and corresponding amounts where you want funds budgeted.

Cost Sharing

Check here if you want to create or add funds to a cost sharing allocation. If the cost sharing was shown on the PC Form at proposal time, you do not need to fill out this form. Contact the Research Office and ask them to budget the cost sharing funds.

Dept # / Fund #

Enter the department and fund number to which the cost sharing allocation will be associated. This is may not be the same as the prime department-fund number.

Voluntary Cost Sharing

If the sponsor does not require the cost sharing, then it is voluntary.

Mandatory Cost Sharing

If the sponsor does require cost sharing, then it is mandatory. You will need to note why this cost sharing was not on the PC Form at proposal time.

Debit Account #

Note the account from which the cost sharing funds will be taken.

Direct Costs

List the budget-object codes and corresponding amounts of direct costs. If you desire, use the unassigned budget code (87) and list the entire amount of direct costs. In this situation, the Research Office will open all of the budget codes that are open in the prime account.

Equipment

List all cost sharing amounts for equipment separate from direct costs.

F&A Costs

List the total F&A costs associated with the direct costs.

JUSTIFICATION

Describe the purpose... Provide the reason for this request. The description does not need to be long, but should sufficiently describe the need or desire for the request.

APPROVALS

Principal Investigator	The PI must approve with their signature all requests.
Department Chair	The Department Chair must approve all cost sharing requests. They must also approve allocation requests where funds will be allocated to a different department.
Dean	The Dean must approve all cost sharing requests. The must also approve allocation requests where funds will be allocated to a different school.
Other	This approval is for additional personnel that may need to approve the request, such as a fellow, collaborating investigator, or another department chair. The RO will notify additional approvals are necessary.

SUBMITTING THE ALLOCATION REQUEST FORM

The Research Office requires the request with the original signatures for their files. A faxed or other copied format will suffice in emergency situations, but the original must follow in campus mail.

Campus Box 1054 – Fax 315-935-5862 – Email: resoffice@msnotes.wustl.edu

Date 7/1/04 Prime Dept/Fund # 1380-57000 Principal Investigator David Webb
 Sponsor / Prime NSF Agency # DMS 0405222

REQUESTED ACTION

ALLOCATE FUNDS (establish an allocation and/or transfer funds from source account to destination account)

SOURCE ACCOUNT

Dept # 1380 Fund # 57000

Investigator: David Webb

Title/Purpose: PRIME

BUOB	Amount	BUOB	Amount
11	\$2,500	63	\$10,000
21	\$500	83	\$8,480
22	\$500		
29-02	\$500		
34	\$5,000		
35	\$5,000		
36	\$2,000		

DESTINATION ACCOUNT

Dept # 3300 Fund # 57000

Investigator: Jennifer Smart

Title/Purpose: Allocation for Co-PI

BUOB	Amount	BUOB	Amount
11	\$2,500	63	\$10,000
21	\$500	83	\$8,480
22	\$500		
29-02	\$500		
34	\$5,000		
35	\$5,000		
36	\$2,000		

COST SHARING (establish a cost sharing allocation and/or increase cost sharing amounts not shown on the project's current PC Form)

Dept # _____ Fund # _____

- Voluntary Cost Sharing (offered by PI)
 Mandatory Cost Sharing (required by sponsor)

Debit Account # _____

Direct Costs ¹	\$0
F&A Costs	\$0
TOTAL COSTS	\$0

Direct Costs¹

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Equipment

F&A Costs

63 _____ 83 _____

1. If desired, total direct costs can be budgeted into Unassigned (87), in which case the same budget-object codes will be opened as are available in the primary account.

DESCRIBE the purpose for this fund allocation or cost sharing (attach additional sheets if necessary)

This allocation is requested to give Co-PI Jennifer Smart at the Medical School access to funds necessary to conduct her portion of the research.

APPROVALS

Principal Investigator _____
Signature _____ Date _____

Other _____
Signature _____ Date _____

Department Chair _____
Signature _____ Date _____

Dean _____
Signature _____ Date _____

ADMINISTRATION

COMMENTS

Date 7/1/04 Prime Dept/Fund # 1380-57000 Principal Investigator David Webb
Sponsor / Prime NSF Agency # DMS-0405222

REQUESTED ACTION

ALLOCATE FUNDS (establish an allocation and/or transfer funds from source account to destination account)

SOURCE ACCOUNT

Dept # _____ Fund # _____
Investigator: _____
Title/Purpose: _____

BUOB	Amount	BUOB	Amount

DESTINATION ACCOUNT

Dept # _____ Fund # _____
Investigator: _____
Title/Purpose: _____

BUOB	Amount	BUOB	Amount

COST SHARING (establish a cost sharing allocation and/or increase cost sharing amounts not shown on the project's current PC Form)

Dept # 1380 Fund # 57000

- Voluntary Cost Sharing (offered by PI)
 Mandatory Cost Sharing (required by sponsor)

Debit Account # 12-1380-94500

Direct Costs ¹	\$20,000
F&A Costs	\$5,300
TOTAL COSTS	\$25,300

Direct Costs¹

34	\$5,000		
35	\$5,000		

Equipment

F&A Costs

63	\$10,000	83	\$5,300
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1. If desired, total direct costs can be budgeted into Unassigned (87), in which case the same budget-object codes will be opened as are available in the primary account.

DESCRIBE the purpose for this fund allocation or cost sharing (attach additional sheets if necessary)

Cost sharing is requested to cover purchase of equipment, supplies, and other expenses to conduct experiments on...

APPROVALS

Principal Investigator _____
Signature _____ Date _____

Other _____
Signature _____ Date _____

Department Chair _____
Signature _____ Date _____

Dean _____
Signature _____ Date _____

ADMINISTRATION

COMMENTS

Fund _____	Initials _____	WF # _____	Date _____	Fund _____	Initials _____	WF # _____	Date _____
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Date 7/1/04 Prime Dept/Fund # 1090-52000 Principal Investigator John Smith
Sponsor / Prime NIH Agency # 5 R01 MH065500-03

REQUESTED ACTION

ALLOCATE FUNDS (establish an allocation and/or transfer funds from source account to destination account)

SOURCE ACCOUNT

Dept # _____ Fund # _____
Investigator: _____
Title/Purpose: _____

BUOB	Amount	BUOB	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DESTINATION ACCOUNT

Dept # _____ Fund # _____
Investigator: _____
Title/Purpose: _____

BUOB	Amount	BUOB	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COST SHARING (establish a cost sharing allocation and/or increase cost sharing amounts not shown on the project's current PC Form)

Dept # 1090 Fund # 52000

- Voluntary Cost Sharing (offered by PI)
 Mandatory Cost Sharing (required by sponsor)

Debit Account # 12-1090-95000

Direct Costs ¹	\$8,000
F&A Costs	\$4,240
TOTAL COSTS	\$12,240

Direct Costs¹

11	\$5,000	_____	_____
21	\$1,000	_____	_____
22	\$1,000	_____	_____
29-02	\$1,000	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Equipment

F&A Costs

63	_____	83	\$4,240
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1. If desired, total direct costs can be budgeted into Unassigned (87), in which case the same budget-object codes will be opened as are available in the primary account.

DESCRIBE the purpose for this fund allocation or cost sharing (attach additional sheets if necessary)

Cost sharing is requested to cover academic salary for John Smith not originally anticipated to go over the salary cap during this project.

APPROVALS

Principal Investigator _____
Signature _____ Date _____

Other _____
Signature _____ Date _____

Department Chair _____
Signature _____ Date _____

Dean _____
Signature _____ Date _____

ADMINISTRATION

COMMENTS
