

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 <sup>1</sup>	\$0
F&A Costs	\$0
<b>TOTAL COSTS</b>	<b>\$0</b>

### Direct Costs<sup>1</sup>


### Equipment

### F&A Costs

63		83	
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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)

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 <sup>1</sup>	\$20,000
F&A Costs	\$5,300
<b>TOTAL COSTS</b>	<b>\$25,300</b>

**Direct Costs<sup>1</sup>**

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 <sup>1</sup>	\$8,000
F&A Costs	\$4,240
<b>TOTAL COSTS</b>	<b>\$12,240</b>

### Direct Costs<sup>1</sup>

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

\_\_\_\_\_

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