

OVERDRAFT REQUEST

Date \_\_\_\_\_

Current FRS# \_\_\_\_\_  
(lf applicable)

Principal Investigator/Project Director \_\_\_\_\_

Department \_\_\_\_\_

Project Title \_\_\_\_\_

Sponsor \_\_\_\_\_

Proposed Project Budget \$ \_\_\_\_\_

Project Period \_\_\_\_\_ to \_\_\_\_\_

Amount of Overdraft Request \$ \_\_\_\_\_  
(anticipated expenses to be incurred prior to receipt of award notice)

Unit(s) Responsible for Overdraft

---

Requested by:

Approved:

\_\_\_\_\_  
\*Principal Investigator/Project Director

\_\_\_\_\_  
Department Head

\*Signature indicates that either verbal or written assurance has been received from sponsor that the project is being funded.

\_\_\_\_\_  
Director of Experiment Station

\_\_\_\_\_  
Dean

\_\_\_\_\_  
Assistant Vice Provost  
for Research