## **Advance Account Attestation**

Funding Proposal:		Document Contact:	Pł	hone:
Expected Award Perio	od:	_	Expected date to start sp	pending:
Estimated Award Amount:				
Status of award and justification for advance account:				
Statement of Responsibility for using an advance account:				
We request that a provisional sponsored account be created in connection with the sponsored proposal indicated above. There is a reasonable certainty that an award will be received with an effective date that will cover the charges made to the account. By signing below, we acknowledge the funding risks involved. If such an award is not materialized or expenditures processed are determined to be unallowable due to the terms of the executed agreement, the account referenced below will be the funding source for these expenses. Should the account below not have sufficient funds to support those expenses at the time of determination, they will be charged to a department account.				
Speed Type # (funding source must be institutional funds):				
Principal Investigator:	Signature:		Date:	
Dept. Administrator:	Signature:		Date:	<del></del>
Department Chair:	-			
Department Chair Signature Required if Speed Type # is a Departmental Account.				

**Instructions:** Complete form and obtain all necessary signatures. Send completed, signed form along with any applicable supporting documents, to the appropriate OSP specialist via the "Send Email" function on the corresponding Funding Proposal in RMS.