

Loma Linda University
Request for Pre-Award Spending

Date: _____
To: Office of Sponsored Projects Management
From: Principal Investigator _____
Department _____ Location _____
Contact: For additional information, contact _____ at _____

Advance Account Information

Sponsor Name: _____
Sponsor Reference #: _____
Project Title: _____

Project Period (start/end dates): _____ / _____
Period of Request (start/end dates): _____ / _____
(must be 90 days or less prior to project period start date)

Indirect Cost Rate: _____ %
Indirect Costs: \$ _____ **Direct Costs:** \$ _____

Indirect Cost Rate Base: Modified Total Direct Costs Total Direct Costs
 Other _____

Location of Project: On-Campus Off-Campus
 Other _____

Project Type: Research Training
 Fellowship Other _____

Agency Form of Payment: Invoice Letter of Credit
 Scheduled Payment – Automatic

Concurrence:

The department of _____ will be responsible for covering all expenses incurred. If costs are not reimbursed by the sponsor, charge account _____ for all unallowable costs.

_____ Principal Investigator	_____ Date	_____ Chair Department of _____	_____ Date
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_____ Dean School of _____	_____ Date
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