

**Western Michigan University  
Pre-Award Account Request  
(To Be Completed By Principal Investigator)**

Project Director: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Department/Unit: \_\_\_\_\_ College: \_\_\_\_\_  
 Agency: \_\_\_\_\_ Date Award Expected: \_\_\_\_\_  
 Project Title: \_\_\_\_\_ Proposal Number: \_\_\_\_\_  
 Agency Support (\$): \_\_\_\_\_  
 (dollar amount of proposal)

Type(s) of expenses to be charged:  
**(All items must be allowable in accordance with the anticipated terms of the award.)**

<input type="checkbox"/>	Salaries/Benefits	Departmental Fund & Cost Center: _____
<input type="checkbox"/>	Travel	Amount allowable as pre-award spending (\$): _____
<input type="checkbox"/>	Supplies	Time period for pre-award spending: Beg. Date _____
<input type="checkbox"/>	Other	End Date _____

**Rationale/Justification for pre-award account.**

(Attach any pertinent correspondence or note any conversations with sponsor or project representative, etc.) \_\_\_\_\_

**\*\*\*Disclosure Statement:**

It is understood that if funding is not received, or expenses have been incurred prior to the beginning date of the award document, or cost are determined to be unallowable these costs will be posted to the respective departments's fund and cost center.

<b>Administrative Approvals</b> Please Route in the Following Order for Signatures. Forward Completed Form to Grants & Contracts Manager.	<i>For Grants &amp; Contracts Use Only</i>				
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Principal Investigator	Date				
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