

Sub Award Advance Request Form

PI Last Name PI First Name SAP Grant # SAP IO #

Requestor Name Requester Phone # Requestor Email

Invoice Remittance Name and Email (if different than Requestor)

SUBRECIPIENT INFORMATION

Subrecipient Name Subaward amount
(initial budget period) Departmental Fund Center
covering advance payment to
subrecipient

Subrecipient must submit invoice(s) for advance payments. As costs are actualized, Subrecipient sends an itemized financial analysis to the Department, on a monthly basis, detailing actual costs incurred against the advance payment. If the Subrecipient does not provide appropriate back up to substantiate the advance payment, no charges will be allowed on the grant. It is the Department's responsibility to get the money back from the Subrecipient.*

JUSTIFICATION Please provide appropriate explanation/justification for the requested advance. (attach additional pages if necessary)

PAYMENT PLAN Please provide details of the payment plan for the advance. (for the initial budget period as well as any planned advances in future periods)

Does this advance approval apply to (select one): Current year only Entire project period

Subaward Budget, Justification, and Scope of work should also be attached if not already received by Sponsored Programs

SIGNATURES

*By signing below we approve the request for the Advance Payment requested by the subrecipient and understand that department may be responsible for any advance payments not appropriately reconciled.

PI/PD Signature Date BU Departmental Financial Head Signature Date