

UNIVERSITY OF CENTRAL FLORIDA RESEARCH FOUNDATION, INC.
12201 Research Parkway, Suite 501
(407) 823-5278

AUTHORIZATION TO ESTABLISH A MISCELLANEOUS Residual ACCOUNT (A-2)

Revised:

UCFRF Project #: R

Indicate if revised

Leave Blank

I hereby request that UCFRF establish the following miscellaneous grants account:

Principal Investigator: _____	UCFID: _____
Department or Institute: _____	College: _____
Address: _____	Phone #: _____
_____	_____
Department Contact: _____	Phone #: _____

Co-Principal Investigator: _____	UCFID: _____
Department or Institute: _____	College: _____
Address: _____	Phone #: _____
_____	_____
Department Contact: _____	Phone #: _____

Project Name: Residual Funds from UCFRF Project(s)

Amount: _____

PROJECT ACTIVITY ACCESS -- Please provide web access or hard copy to this project to the following individual(s):
(Note that the PI and Co-PI automatically receive access to the project activity)

Name (please print)	UCFID

REQUIRED APPROVALS:

PI: _____	Date: _____
Co-PI (if applicable): _____	Date: _____
Chairperson: _____	Date: _____
Dean, Director, or V.P.: _____	Date: _____

UCFRF APPROVAL: _____	_____
President or Chief Operating Officer	Date