

# CHICAGO STATE UNIVERSITY

OFFICE OF SPONSORED PROGRAMS  
AND RESEARCH ADMINISTRATION – ADM 303  
773-995-3598 • Fax 773-995-2490

## Anticipation Account Approval Form

### Type of Account/Project:

1. New Project Yes  [skip to 4] No  [fill in 2 or 3]
  2. Renewal of Account No. \_\_\_\_\_ Which Expires \_\_\_\_\_
  3. Continuation of Account No. \_\_\_\_\_ Which Expires \_\_\_\_\_
  4. Sponsor name \_\_\_\_\_
  5. Proposal Transmittal Number \_\_\_\_\_ Date \_\_\_\_\_
  6. Project Title \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

This form constitutes authorization to establish an anticipation account in an amount not to exceed \$ \_\_\_\_\_ to cover necessary expenditures for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_.

This information is available fro the Sponsor regarding this potential award or the status of any pending proposal or contract can be described as follows:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

_____ Principal Investigator (Please sign)	_____ Date	_____ Principal Investigator (Please Print)	_____ Date
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Departmental Name: \_\_\_\_\_

The Department will assume all responsibilities for charges to t his account should the anticipated award be delayed or not received for any reason. In such an event, all charges made to this Anticipation Account shall be transferred to the following departmental account:

Account Number \_\_\_\_\_

Approved \_\_\_\_\_ Dean \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Associate VP, OSP \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Provost & VP for Academic Affairs \_\_\_\_\_ Date \_\_\_\_\_