

MASSACHUSETTS EYE AND EAR INFIRMARY  
REQUEST FOR ADVANCE ACCOUNT FORM  
Research Related Accounts

Project Title: \_\_\_\_\_

Sponsor: \_\_\_\_\_ Sponsor Grant #: \_\_\_\_\_

(if known)

Type of Account:

- \_\_\_\_\_ Grant
- \_\_\_\_\_ Training/Fellowship Grant
- \_\_\_\_\_ Contract
- \_\_\_\_\_ Clinical Trials-Federally Funded Only
- \_\_\_\_\_ Subcontract
- \_\_\_\_\_ Other/Internal/Discretionary

(Primary Recipient) \_\_\_\_\_

Principal Investigator: \_\_\_\_\_

Department/Division: \_\_\_\_\_

Department Contact: \_\_\_\_\_  
(Signature)

Phone #: \_\_\_\_\_

Expected Dollars for Budget Period

Expected Budget Period \_\_\_\_\_ to \_\_\_\_\_

Expected Project Period \_\_\_\_\_ to \_\_\_\_\_

Direct           \$0.00

Indirect           \$0.00

Total           \$0.00

Expected Date for Receipt of Official Award Documentation \_\_\_\_\_  
(mm/dd/yy)

Authorization/Approval Information:

The signature below by the Chief of Service/Department Head hereby requests the establishments of the above account in advance of official award receipt from the sponsor or in advance of internal funding. This request is made because we, the department and principal investigator, have sufficient reason to expect funding of the above project. We, the department, also agree to absorb any losses that may occur if the above award does not materialize or if the award amount is lower than expected.

Authorized by: \_\_\_\_\_  
Chief of Service/Department Head \_\_\_\_\_  
Date

Approved by: \_\_\_\_\_  
Principal Investigator \_\_\_\_\_  
Date

Approved by: \_\_\_\_\_  
Office of Research Administration \_\_\_\_\_  
Date

Please note, this account will remain active for 3 months pending the receipt of an award. At that point in time, Research Finance will contact you regarding the close out of this account, if in fact an award has not been received after the 3 months.