Print Form

MISSISSIPPI STATE UNIVERSITY

PRELIMINARY ACCOUNT REQUEST
(Ver. 10/28/15)

REQUEST FOR: DATE

☐ New Account No. New Project

☐ New Account No. Renewal/Continuation of Account No. _____

_____ Org # to be used on fund

Sponsor: _____

Prime Sponsor: _____

Project Title: _____

PI's Name: _____

PI's MSU ID Number: _____

Is there required cost share on the project? Yes ☐ No ☐

It is requested that a Preliminary Account be established in the amount of $_____ to cover necessary expenditure for a _____ period beginning _____.

Should my project not be funded, my Department Head/Dean/Director agrees to cover with local funds, under the control of the Department/College, all charges made to this Preliminary account from account number _____.

Principal Investigator Date

Department Head Date

Dean/Director Date

The Sponsor has been contacted and we have reasonable assurance that the grant/contract will cover the requested expenditures.

Office of Sponsored Projects Date

Type of Account
- ☐ 30 Restricted
- ☐ 31 CVM Restricted
- ☐ 32 MAFES Restricted
- ☐ 33 FWRC Restricted
- ☐ 34 MCES Restricted

Source of Funding (Check One)
- ☐ ARRA Funds
- ☐ Federal
- ☐ Local
- ☐ Private
- ☐ State

Type of Activity (Check One)
- ☐ Instruction
- ☐ Public Service
- ☐ Research
- ☐ Other

Please attach a copy of your budget and highlight the categories from which you anticipate expenditures. Items that require prior approval from the agency should not be anticipated as expenditures.

All compliance requirements must be met before a PAR can be issued
(i.e. human subects, animal subjects, export control, etc.)

Please return form to: Office of Sponsored Projects Mail Stop 9564