

WBS ELEMENT REQUEST FORM
(CURRENT RESTRICTED AND AGENCY FUNDS)

Project Title _____

Person Completing Form: _____ Phone No: _____

Project Type: Gift Contract Grant

Proposal ID No. (Required for Sponsored Projects): _____ Grant/Contract No: _____

Date proposal sent to Grants & Contracts Office: ____ - ____ - ____

Does this WBS Element need to be associated with an existing project YES NO

(If yes, what is the project number _____ and the project funds center _____)

WBS Funds Center Number (REQUIRED): _____

Department: _____

Functional Area: Instruction Research Public Service

Requested/Expected funds: \$ _____ Performance Period: ____ - ____ - ____ to ____ - ____ - ____

RESPONSIBLE PERSON	PRINCIPAL INVESTIGATOR:	DEPT. BOOKKEEPER
Name: _____	Name: _____	Name: _____
Personnel No: _____	Personnel No: _____	Personnel No: _____

Sponsoring Agency/Source of Funds: _____

Are federal flow-through funds involved? YES NO UNSURE

(If yes, explain requirement and indicate cost-sharing cost center or WBS numbers (attach any supporting documentation):

Invoice address: _____

Do Payrolls need to be transferred? YES NO If yes, old WBS number: _____

Ag Funding source (To be completed by Dean's Office) _____

PLEASE FORWARD THE COMPLETED AND SIGNED FORM TO YOUR CAMPUS BUSINESS OFFICE

_____ Department Head or Development Office	_____ Dean	_____ Chief Business Officer
_____ Date	_____ Date	_____ Date