



Revised
04/12

Research Fund Request Form

Name _____
(Last) (First) (M.I.)

E-Mail Address _____ Phone _____

Department Number _____ Employee ID# _____

Choose one of the options below:

Cash Card(s) # of cards _____ X amt. per card _____ = _____

Check Total advance _____

Do Not WRITE IN THIS SPACE

APPROVED _____

CHECK # ISSUED _____

DATE ISSUED _____

DATE DUE _____

Purpose of Funds Requested

Attach Approval Letter Issued by the Institutional Review Board (IRB)

Title of Research Study _____

IRB Protocol # _____

Description _____

Chart Field String _____

Approved By:

(Signature of Authorized Approver)*

(Printed name of Authorized Approver)

*Your signature indicates that the appropriate Business Officer is aware of this advance/request and that a copy of this request has been provided to them.

I acknowledge receipt of the research advance amount listed above. I recognize that payment is due within 30 calendar days from the issue date. I have read and understand the research advance policy and procedures. I agree to maintain a Research Distribution Log and/or a Research Participant Payment Log if applicable.

Signature of Requestor

Date

After this form has been signed by the requestor and the business officer, please submit it to the Cash and Treasury Services Department by email or fax. CashTreasury-L@clemsion.edu Fax Number: 864-656-5600

Please allow at least two business days to process your request and issue your cash card(s) or check. You will be notified by Cash & Treasury Services when your cash card(s) or check will be ready to be picked up from the Administrative Services Building, 108 Silas N Pearman Blvd., Clemson SC 29634.

Repaying a Research Advance

Research advances must be repaid no more than 30 calendar days from the issue date. Research advances are repaid through BuyWays by entering a voucher payable to Clemson University - Cash and Treasury Services. Any unexpended/undistributed Cash Cards should be returned to the Cash and Treasury Services Department. Cash and coin should be deposited in TD Bank located at the Hendrix Center. Please record the person's name making the deposit, department name, and number on the deposit slip to ensure receipt of funds to the proper account.

Cash card(s)/check received by: _____

Date: _____