



Learning with Purpose

OFFICE OF SPONSORED PROGRAMS

CONTINUATION

AT-RISK ADVANCE ACCOUNT REQUEST FORM

Notice has been received from the sponsor that the award listed below will continue, and **documentation of that notice has been attached**. Permission is requested to incur costs in anticipation of the continuation award or executed amendment. **If the continuation is not funded or if the resulting amendment has a different effective date or awarded amount than expected, all charges not covered by the award will be promptly transferred to the speedtype listed below.**

PI NAME		RES #	
SPONSOR NAME		PRIME SPONSOR (if applicable)	
AT-RISK ACCOUNT START DATE		AT-RISK ACCOUNT \$ AMOUNT	

**AT-RISK ACCOUNTS WILL BE SETUP FOR A MAXIMUM OF 90 DAYS
AT THE FULL AMOUNT OF THE NEXT ANTICIPATED INCREMENT.**

BACKUP SPEEDTYPE INFORMATION

This unrestricted, non-sponsored fund will be charged for any expenses not covered by the award.

SPEEDTYPE		FUND TYPE	
NOTES (optional):			

By checking this box, I confirm understanding of all risks associated with At-Risk Accounts; that any charges not covered by the sponsor regardless of the reason will be the responsibility of the PI and/or Department (as applicable).

ATTESTATIONS

By signing below, I am requesting an At-Risk Advance Account and will cover any expenses incurred if the award funds are not received, charges precede the period in which the sponsor will cover expenditures, or any other reason why a sponsor would deny covering charges.

PI Signature:

Please send this completed/signed form, an internal budget for the amount being requested, and be sure to attach documentation from the sponsor justifying the At-Risk Advance account to your GCA.