

**Work-in-Progress Account Request Form (88- Fund)**



88 - \_\_\_\_\_

*Required fields will display with red outline.*

Research Project # needing an 88- Fund: 53

From: \_\_\_\_\_ email: \_\_\_\_\_

Department Name: \_\_\_\_\_ Dept #: \_\_\_\_\_

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

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

Proposed 88 Account Title: \_\_\_\_\_

Responsible College/Department Administrator: \_\_\_\_\_

Will this result in equipment? Yes \_\_\_\_\_ No \_\_\_\_\_

**\*\*\* For capitalization, the 53 equipment budget must be greater than or equal to the total 88 budget \*\*\***

- If not equipment, does this meet the capitalization criteria? \_\_\_\_\_ YES (See definitions below\*)
- Will this upgrade an existing asset? Yes \_\_\_ No \_\_\_. If Yes, decal number \_\_\_\_\_
- Is equipment being fabricated as a deliverable, or will equipment stay on campus for continued research?  
 Deliverable \_\_\_ Stay on Campus \_\_\_

Description:

\_\_\_\_\_

If equipment, can this item be purchased? \_\_\_\_\_ Yes \_\_\_\_\_ No

- If Yes, why is fabrication necessary?: \_\_\_\_\_

Justification:

\_\_\_\_\_

Account(s) to be charged:	7-Digit Account	Subcode	Percent of Total
6224 = Equipment *Useful life over 1 year, over \$5,000	_____	_____	_____
6215 = Model, Capitalized *Useful life over 1 year, over \$5,000, could be cannibalized	_____	_____	_____
6216 = Non-Capital Model *Useful life under 1 year, under \$5,000, could be cannibalized	_____	_____	_____
			<b>TOTAL 100%</b>

Exempt from Indirect Costs? Yes \_\_\_\_\_ No \_\_\_\_\_

ATTACHMENTS: Budget Sheet

**\*\* See page 2 for required signatures \*\***

Enter cumulative budget for entire project period when applicable. Round to the nearest dollar.

Please refer to [FPI 4-7](#) .Work in Process & Equipment Fabrication for allowable costs on 88 funds.

	<u>DISTRIBUTION</u>	
<b>PERSONNEL</b>	\$ _____	
	\$ _____	
50xx & 51xx allowable with special approval only 52xx, 57xx -59xx not allowable.	\$ _____	
Total Personnel	\$ _____	5000
<b>MATERIALS AND SUPPLIES</b>	\$ _____	
	\$ _____	
Total Materials/Supplies	\$ _____	6200
<b>OTHER DIRECT COSTS</b>	\$ _____	
	\$ _____	
Total Other Direct Costs	\$ _____	6600
<b>TOTAL DIRECT COSTS</b>	\$ _____	

Remarks:

Expected Date of Completion:

\_\_\_\_\_  
Dean, Director, or Department Head (sign and print name)

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Sponsored Programs Administrator (sign and print name)

\_\_\_\_\_  
Date Signed

**FOR SPONSORED PROGRAMS USE ONLY**

SL Account Number 88 \_\_\_\_\_ has been created.

Budget Period (correspond to 53 account): \_\_\_\_\_ to \_\_\_\_\_

Budget Period (correspond to 53 account): \_\_\_\_\_ to \_\_\_\_\_

Revenue code: \_\_\_\_\_ Expense Code: \_\_\_\_\_

Charges may be made to the above account after (date) \_\_\_\_\_

\_\_\_\_\_  
88- Fund Administrator

\_\_\_\_\_  
Date Signed