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TO:

FROM: Donna Knuth

Date:

Re: Fund Number Request

Please have the Department Chairperson approve this request.

Fund Title:

Fund Purpose (please be specific):

Fund Director:

Principal Investigator's Employee Number

e-mail Address:

Fund Source and Amount:

Start and End Date of Fund

Authorized Signers:

Budget Amount

Salaries	_____
Fringe Benefits	_____
Equipment	_____
Consumable Supplies	_____
Rent and Utilities	_____
Commissions & Fees	_____
Travel-In-Town	_____
Travel-Out of Town	_____
Dues	_____
Licenses	_____
Other (Specify)	_____
Total Direct Costs	_____
Indirect Costs	_____
Total Costs	_____

Send Fund Report to: (limit two (2))

Name: _____

Address: _____

Name: _____

Address: _____

Approved: _____
Chairperson

Date: _____