



REQUEST TO OVERSPEND SPONSORED RESEARCH FUND

Please read RCH-030-010 Budgetary Limits on Spending Research Funds before completing this form.

TO BE COMPLETED BY FUND MANAGER:	
Name: _____	Faculty / Dept: _____
Project Sponsor: _____	Project Title: _____
Fund Number: _____	_____
The signature of the Fund Manager indicates that the information provided is correct and that the overspending is essential to the continuance of the project. A letter of explanation should be attached to this form.	What will be the maximum amount overspent? _____
	By what date do you expect the sponsor to cover this deficit? _____
_____ Signature of Fund Manager	_____ Date

TO BE COMPLETED BY DEAN OR DIRECTOR:	
Name: _____	What is the maximum amount of overspending that the faculty is willing to cover? _____
The signature of the Dean or Director indicates awareness of the need for overspending and assurance that the Faculty or Department will cover the overspent amount if the sponsor funding is not realized.	_____
_____ Signature of Dean or Director (or Vice-President)	_____ Date

TO BE COMPLETED BY FINANCIAL SERVICES:	
Name: _____	Type of Fund: Grant / Contract
	Consulted with Research Services: Yes / No
_____ Signature of Financial Analyst	_____ Date