

# **REQUEST FOR RESEARCH CASH ADVANCE FUND**

Please complete the following items. Send the completed and signed form to Randy Coleman, Director of Treasury Services, at UMC 2400.

**1. The title of the Research Project:**

Title: \_\_\_\_\_

**2. The index assigned to the Research Project:**

Index: \_\_\_\_\_

**3. The name, phone number and UMC of the P.I.:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UMC: \_\_\_\_\_

**4. The assigned Cash Custodian's name, phone number and UMC:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UMC: \_\_\_\_\_

**5. The Supervisor's name, phone number and UMC of the Cash Custodian:**

Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UMC: \_\_\_\_\_

**6. The amount requested and the location of the cash advance fund:**

Amount Requested: \_\_\_\_\_

Location of the Fund: \_\_\_\_\_

\_\_\_\_\_  
**Signature of the P.I.**

**Date:** \_\_\_\_\_