TO: Business Office

FROM: _______________________________ Authorized Signer

SUBJECT: Request for Advance of Funds

DATE: ___________________

This is to authorize/request the issue of an advance of funds from index ___________, account code 28990 for the purpose of providing money for the individual’s research expenses. The advance is intended for project-related expenses. The individual will make an appropriate accounting of the funds advanced by ___________ (enter date—cannot exceed budget period or project period). Any unexpended funds not used or those not properly documented will be returned.

A completed Request for Disbursement is attached. The following promissory note has been completed by the individual responsible for the funds.

This is an Initial Request _____ Yes _____ No

This is a Request for Renewal of an Advance _____ Yes _____ No

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PROMISSORY NOTE

I, ____________________________, UO ID ________________ (do not use SSAN) for value received, promise to pay the University of Oregon: _______________________________________ dollars (amount of advance).

I have or will be provided with the dollar amount stated above as an advance of funds to assist with ________________ expenses I expect to incur while performing activities associated with the University. I agree to provide an appropriate accounting of the funds advanced and will repay any unutilized balance in lawful money of the United States. The accounting and/or repayment will be completed by ________________ which is the due date.

In the event that the Payee of this note (University) shall consider it necessary to institute suit or action to collect this note or any portion thereof, I agree that such suit or action may be instituted in any court of competent jurisdiction and I promise and agree to pay in such suit or action the costs and disbursements provided by STATUTE for any suit or action instituted in such court and such additional sum as the court may adjudge reasonable for attorney’s fees and other costs, and charges for fee collection of any amount not paid when due in accordance to the terms of this note.

I agree that the University may assess interest beginning after the stipulated due date at the rate of 9% per annum on the outstanding balance. The interest will continue to accrue until settlement.

Signature in full ___________________________ Printed Name ___________________________

Date of Signature ______________

Signature of Witness _______________________ Printed Name ___________________________

ORSA Request for Advance of Funds Form
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