

Example# 1

SPONSORED PROJECT ACTIVITY REQUEST (Programs 11-14 only)

Sponsored Programs Services
Washington State University
French Administration 240
Pullman WA 99164-1025

PROPOSAL WORKING TITLE (Maximum 42 characters) Researching the many ways Gerik is awesome					
PRINCIPAL INVESTIGATOR (PI) Pat Researcher		PI'S WSU ID NO. 999999999	DEPARTMENT College of Ag	MAIL CODE 1025	See 40.23.
DEPARTMENT CONTACT Deb Holstad		TELEPHONE 5-2066	FAX NUMBER 5-2074	E-MAIL holstad@wsu.edu	OFF-CAMPUS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
SPONSOR NSF		Is sponsor receiving funds from a federal agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		FEDERAL AGENCY NAME	RESEARCH? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
HOME ACCOUNT NO. (If applicable)		Pre-award costs requested? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		PRE-AWARD EFFECTIVE DATE 7/1/11	OGRO NO. 999999-001
F & A RATE 49.5%	F&A BASE <input checked="" type="checkbox"/> MTDC <input type="checkbox"/>		EXISTING ACCOUNT	AWARD BEGIN DATE 10/1/11	AWARD END DATE 9/30/12
GUARANTEE ACCOUNT INFORMATION	GUARANTEE REMAINING FUNDS? <input type="checkbox"/> Yes <input type="checkbox"/> No	NEW FUND AMOUNT \$100,000.00	GUARANTEE ACCOUNT 06C-8888-9999	GUARANTEE BEGIN DATE 10/1/11	GUARANTEE END DATE 9/30/12

This is a request to: (Check one only.)

GUARANTEE: (Explain below*)

- ☒ Process Advance Expenditure Authorization with **new account** using budget #: **11V-8888**
- ☐ Extend existing account with guarantee for more time/additional (new) funds.
- ☐ Extend existing account with guarantee for more time utilizing remaining funds.
- ☐ Rebudget (e.g., purchase item) requiring sponsor approval.
- ☐ Change to existing guarantee account (correction), change dates, other (explain below*).

OTHER: (Explain below*)

- ☐ Internal rebudget of existing accounts. (Enter the rebudgeted amounts in the table below.)
- ☒ Pre-award costs requested per FDP terms and conditions. (Complete preaward information above.)
- ☐ Extend account end date per FDP terms and conditions to: _____

OBJECT	BUDGET CATEGORY	Check Allowable Objects	FROM ACCOUNT #	TO ACCOUNT #	FOR SPS USE
00	Salaries	<input checked="" type="checkbox"/>			
01	Wages	<input checked="" type="checkbox"/>			
02	Contractual services				
03	Goods, services, equipment < \$5000	<input checked="" type="checkbox"/>			
04	Travel - domestic	<input checked="" type="checkbox"/>			
04	Travel - foreign				
05	Computing services				
06	Equipment, capitalized				
07	Employee benefits	<input checked="" type="checkbox"/>			
08	Grants and subsidies				
10	Capital outlay				
11	Telephone, equipment rental				
13	F&A costs	<input checked="" type="checkbox"/>			
14	Restricted (including subcontracts)				
16	Other equipment, noncapitalized				
	TOTALS		\$0.00	\$0.00	NET EFFECT \$0

*EXPLANATION

Guarantee for pending agreement with NSF. Requesting 90 day pre-award under expanded authorities.

APPROVALS

Approving Officer	Typed/Printed Name	Signature	Date
Principal Investigator/Director	Pat Researcher		
Department Chair			
Dean/Director (required for guarantee)	Dean or Director		
Sponsored Programs Services			

Example #2

40.07.6

RESEARCH or CONFERENCE ACCOUNT REQUEST

See 40.07 for instructions.

WASHINGTON STATE UNIVERSITY
SPONSORED PROGRAMS SERVICES
PULLMAN WA 99164-1025

DEPARTMENT CONTACT Deb Holstad	TELEPHONE 5-2066	AG RESEARCH CODE(S)	OGRD # 999999	ACCOUNT NUMBER 11V-9999-XXXX	PROG-BUDGET-PROJECT 11V-9999-XXXX
PRINCIPAL INVESTIGATOR Pat Researcher	BEGIN DATE OF ACCOUNT 10/1/11	TERMINATION DATE OF ACCOUNT 9/30/12	HOME ACCOUNT NUMBER *	PROG-BUDGET-PROJECT 11V-8888-1001	

TYPE OF ACCOUNT:

☐ SELF-SPONSORED RESEARCH

☐ AWARD FROM WSU
INTERNAL COMPETITION

☒ NEW SUB-ACCOUNT *
(Use budget distribution columns 2 and 3)

☐ BLANKET RESEARCH

☐ CONFERENCE

☐ OTHER: _____

- ☐ Check if this is an extension of a current account.
☐ Check if the balance is to be refunded at termination.
☐ Check if requesting a transaction code for credit card processing.

PURPOSE OF ACCOUNT/REASON FOR EXTENSION/REMARKS To establish a new sub-account for co-PI (Dr. Tim Wood) in the College of Sciences. Please allow for pre-award from 7/1/11. See HOME account. Open Objects: 00,01,03,07,13	BUDGET DISTRIBUTION		
	OBJECT CATEGORY	SINGLE ACCOUNT BUDGET	* TRANSFER FROM HOME ACCT. TO NEW SUB-ACCOUNT
		AMOUNT	AMOUNT FROM AMOUNT TO
	00 - SALARIES		-5,000.00 5,000.00
	01 - WAGES		
	03 - GOODS, SERVICES, EQUIPMENT < \$5000		
	04 - TRAVEL		
	05 - COMPUTING		
	06 - EQUIPMENT, CAPITAL		
	07 - EMPLOYEE BENEFITS		-2,194.00 2,194.00
	11 - TELEPHONE, EQUIPMENT RENTAL		
	13 - F&A COSTS		-3,561.00 3,561.00
16 - OTHER NONCAPITALIZED EQUIPMENT			
TOTAL	0.00	-10,755.00 10,755.00	

The signers below acknowledge that funds deposited are assets of the University and that the requested account is an official University account.

EXPENDITURE RESTRICTIONS	APPROVALS	SIGNATURE	DATE
	PRINCIPAL INVESTIGATOR (For single account or originating account, if transfer—see columns 1 or 2)		
	PRINCIPAL INVESTIGATOR (For recipient account, if transfer to new sub-account budget—see column 3)		
	DEPARTMENT CHAIR / DEPARTMENT ADMINISTRATOR		
	DEAN/ EQUIVALENT ADMINISTRATOR		
	OGRD (programs 11-14)		

WSU1283-CONF1123-0908

Example# 3

WASHINGTON STATE UNIVERSITY
OFFICE OF RESEARCH SUPPORT AND OPERATIONS
Subaward/Subcontract Initiation Form

*Use this form only if a **new** subaward/subcontract is to be issued. To amend/change an existing subaward/subcontract, use the Subaward/Subcontract Change Request Form.

Four step process:

Step 1. If your subrecipient is listed on this website proceed to Step 4, otherwise continue to Step 2:

<http://orso.or.wsu.edu/subrecipient.asp>

Step 2. Please obtain and provide an official audit report (A-133 preferred), recent certified financial statement, tax record or other officially certified financial document detailing your subrecipients current financial standing. If you are **unable** to provide these documents, continue to Step 3. Otherwise proceed to Step 4.

Step 3. If no financial document is able to be provided, please have your subrecipient answer the following questions to help us complete our risk analysis. Then continue to Step 4 (answers can be sent in a separate document):

1. Have you subcontracted with Washington State University or the federal government in the past? Please explain.
2. Does your organization have formal, written policies/and or procedures that address procurement/purchasing, property and/or record retention?
3. Are duties separated so that no one individual has complete authority over an entire financial transaction?
4. Does the organization have procedures which provide assurance that consistent treatment is applied in the distribution of charges to all projects?
5. Does your organization have controls to prevent expenditure of funds in excess of approved, budgeted amounts?
6. How many employees work for your organization?

ORSO reserves the right, if needed, to ask for more information/documentation from our subrecipients to complete our risk analysis, including the option of sending them our full Subrecipient Questionnaire for completion and completing our internal risk analysis form.

Step 4. Please complete the remainder of this Form and send with the subrecipients Scope of Work, Budget, federally negotiated F&A Agreement (only if they are receiving any F&A dollars) and any items needed from Steps 2 and 3 above, to orso@wsu.edu to begin the subcontracting process.

General Information:

WSU PI Name: _____ ORSO #: _____

Subcontractor Name: _____

Total Sub. Amount: \$0.00 Prime Sponsor Name*: _____

Where are the funds to pay this sub? (either Object 14 of home account or a subaccount)?: _____

Home account #: _____ Period of Performance for Subcontract**: _____

***NOTE:** If this is a federally funded project (including federal flow-through funding), the subrecipient will need to be registered in Sam.gov prior to subcontracting with them.

****NOTE:** Please review the prime awards final invoice date. Our subrecipients are typically allowed 60 days to send us a final invoice. We then need another 30 days to send our final invoice to the prime sponsor. Please review the prime award to ensure these 90 days are appropriately accounted for in your requested period of performance. If we get the full 90 days to send our final invoice to the prime sponsor all is fine, if less than 90 days adjustments will need made.

WSU PI Information:

PI Name: _____ Email: _____
Address (including city/state/zip): _____
Phone: _____ Fax: _____

Conflict of Interest Information:

principal investigator, co-investigator(s) and any other person at the University, who is responsible for the scientific design, scientific conduct, or scientific reporting of the project must disclose potential Conflicts of Interest. This also includes spouse/domestic partners, dependent children, and other dependent relatives living in the investigator's household. It is expected that answers to Conflict of Interest questions cover all such individuals. Disclosure is required by State and Federal law and non-

Is there potential for Conflict of Interest in this sub. (if yes, please attach explanation)?: _____

General Subcontractor Information:

Please provide the subrecipient contact name and email address where the subcontract should be emailed:

Name: _____ Email: _____
Subcontractor DUNS#: _____ Taxpayer ID#: _____
Congressional District (if known): _____

Subcontractor PI Information:

PI Name: _____ Email: _____
Address (including city/state/zip): _____

Project Title, Funding Detail, and Reporting Needs:

Subcontract Title: _____

Initial Subcontract Amount (US dollars)*: \$0.00 * Amount of first allocation to subrecipient. Typically 1st year funds.

Future Incremental Funding (if applicable):

Year 2: \$0.00
Year 3: \$0.00
Year 4: \$0.00
Year 5: \$0.00
Total: \$0.00

* Including First Allocation. Should match 'Total Sub. Amount' on Page 1.

Subrecipient/Subcontractor's Cost Share requirement (if applicable): \$0.00

The following will be included for reporting requirements unless otherwise specified below: "Progress & final reports will be required as requested by University's Project Director." **If Uniform Guidance funded:** "Technical/progress reports on the project as may be required by Pass-through Entity's Principal Investigator in order that in order that Pass-through Entity may be able to satisfy its reporting obligations to the Federal Awarding Agency." Alternate Reporting Requirements (if applicable):

Certifications and Approvals: *I hereby authorize the Office of Research Support and Operations to process the above request:*

Signature of WSU PI

Example# 4

Request for Subaward/Subcontract Change		
Office of Research Support and Operations - Washington State University		
Submit completed form to ORSO when requesting a Subaward or Subcontract change.		
WSU Principal Investigator:		Name of person who prepared this Form:
ORSO Number:	Subaward Number:	Subrecipient Agency Name:
	G	

Change Details	
NOTE ON EXTENDING END DATES: Please review the prime awards final invoice date and the timeframe provided to our subrecipients on their agreement. Our subrecipients are typically allowed 60 days to send us a final invoice. We then need another 30 days to send our final invoice to the prime sponsor. Please review these to ensure the dates are appropriately accounted for in your requested period of performance. If we get the full 90 days to send our final invoice to the prime sponsor all is fine, if less than 90 days adjustments will likely need made.	
1) <input type="checkbox"/> No-Cost Time Extension Only ⇒	New End Date:
2) <input type="checkbox"/> Additional Funding (with or without Time Extension) ⇒ NOTE: Indicate “not applicable” in end date field if extension is not needed.	New End Date: Additional Budget Amount: NOTE: <u>Please attach detailed budget</u> for the additional funding.
Funds have been set aside in either: <input type="checkbox"/> Object 14 of the prime account No.:_____ OR <input type="checkbox"/> Sub-account budget-project No: _____.	
3) <input type="checkbox"/> Other: Describe other changes needed: (For example: Subawardee/Subcontractor PI change, reporting due dates change, cost share changes, etc. Include details such as amounts and new dates.) _____ _____ _____ _____ _____ _____ _____ _____ _____ _____	

Certifications and Approvals: I hereby authorize the Office of Research Support and Operations to process the above request.

Principal Investigator Signature: _____ Date: _____

Example# 5

EXPENDITURE TRANSFER REQUEST

See BPPM 30.25 for instructions

- TO: ☒ **Sponsored Programs Services** (For all transfers involving programs 11-14.)
- ☐ **Payroll** (For transfers involving wages except in programs 11-14.)
- ☐ **Travel** (For transfers involving travel (object 04) except in programs 11-14.)
- ☐ **IRI Desk** (For interdepartmental transfers except in programs 11-14.)
- ☐ **Accounts Payable** (For all other transfers.)

JV NUMBER

**Washington State University
Controller's Office**

COLLEGE/DEPARTMENT College of Ag	MAIL CODE 1025	CONTACT NAME AND TELEPHONE Deb Holstad	E-MAIL holstad@wsu.edu	DATE 2/15/12
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	Tran Code	Prg	Budget	Proj	Obj/Sub Scr/Sub	Doc No.	Ref No.	Vendor No.	Amount	Vendor Name	Other
Transfer From: (Decrease Expense)		06C	8888	9999	01 AK	088865H	SEPT0.25	555554X5	786.28	COUGAR, BUTCH	
Transfer To: (Increase Expense)		11V	8888	1001	01 AK	088865H	SEPT0.25	555554X5	786.28	COUGAR, BUTCH	
Complete for wage transfers	Name (one per form)				WSU ID Number		Payroll Dates			Hours Worked	Position No.
	COUGAR, BUTCH				555554X5		9/15/11-9/30/11			54	444P4
Complete for all transfers	Justification/Explanation										
	After review of budget statements, it was determined that these wages should've been coded to the NSF project. Please allow for 90 day exception. PI and Dept Admin will work more closely together to ensure proper coding and timely transfers.										

I certify these expenditures to be appropriate charges to the above recipient account(s), meet approved budgetary guidelines, and directly support program/project objectives.

NAME OF PRINCIPAL INVESTIGATOR (recipient account) Pat Researcher	SIGNATURE	TITLE PI	DATE
NAME OF ADMINISTRATOR (recipient account) Deb Holstad	SIGNATURE	TITLE Dept Administrator	DATE

EFFORT CERTIFICATION STATEMENT

(Wage transfers only)—After personal review of this transfer and having firsthand knowledge of the effort expended, I certify that the time indicated is a reasonable estimate of effort expended.

NAME OF ADMINISTRATOR/SUPERVISOR Pat Researcher	SIGNATURE	TITLE Faculty	DATE
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ROUTING: The department transferring the expenditure retains a copy and routes the original form to the department assuming the expenditure. After approving the transfer, the department assuming the expenditure retains a copy and routes the original to the Controller's Office.

CONTROLLER'S OFFICE REVIEW	DATE
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WSU 1048-CONTRO45-1206

Sponsored Programs Services Use Only		
Budget/Project	LEAD Date	Checked initials
Exact Amount (including benefits)? Yes <input type="checkbox"/> No <input type="checkbox"/>		

Revised 1-09

Example# 7

CASH ADVANCE REQUEST

Sponsored Programs Services
Washington State University
Pullman, WA 99164-1025

See 40.21 for instructions.

Applicant's Name Pat Research	WSU ID Number D5545767	Current Date 2/15/12
Maximum Amount Required \$ 300	Installment Amount Required \$	Final Accounting Date 3/31/12
LOCATION -- Where will the planned expenditures occur? The CUB, Pullman, WA		
DESCRIPTION -- What will be purchased with the cash advance? \$30 per completed survey		
DISBURSEMENT -- Will the cash be disbursed by you to other WSU faculty, staff, or students? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list their names. Attach an extra sheet if necessary. Students only. A list of names and signatures will be provided with the reconciliation.		
JUSTIFICATION -- Why is a cash advance required? Why can't purchases be made through regular university purchasing channels? This means is more cost effective for WSU. It is cheaper than issuing a check to each student.		

I agree to return receipts for the expended portion of this advance, plus any unexpended portion by the final accounting date indicated above. If I default on this agreement I understand that the state of Washington has prior lien against the unaccounted portion of the advance and has a right to withhold any funds payable by the state to me or to initiate collection procedures against me for up to the unaccounted amount of this advance plus interest at the rate of ten percent per annum and reasonable collection costs.

APPLICANT'S SIGNATURE X _____

APPROVAL SIGNATURES

Department Chair	Date	Dean or Equivalent Administrator	Date
X		X	

WSU1060-CONTR049-0906

PURCHASE ORDER NO. OR TRAVEL AUTHORITY NO.

Submit this form to claim payment for materials, merchandise, or services.
Show complete detail for each item.

VENDOR'S CERTIFICATION

I hereby certify under penalty of perjury that the items and totals listed herein are proper charges for materials, merchandise, or services furnished to the state of Washington.

Are you a U.S. citizen? ☐ YES ☐ NO If no, indicate visa type _____

Are you a current or retired state of Washington employee? ☐ YES ☐ NO

BY: (Vendor/Claimant's Signature in Ink)	TITLE
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X

* It is unlawful for any state agency to deny any right, benefit, or privilege provided by law because an individual refuses to disclose his or her social security number except in specified circumstances. WSU is requiring that non-WSU individuals requesting payment from WSU disclose social security number or employer ID (EIN) pursuant to Section 6109 of the Internal Revenue Code. When required, WSU will use social security numbers for IRS reporting purposes only.

DATE	DESCRIPTION	QUANT	UNIT	UNIT PRICE	AMOUNT
TOTAL					

DEPARTMENT:
Please sign and enter the
appropriate account code.

AUTHORIZED SIGNATURE

X

DATE _____

TYPED/PRINTED NAME

WSU1273-CONTR123-0614

ACCOUNT CODE							COMP. TAX	NET INVOICE
FUND	SUBFUND	PROG	BUDGET	PROJECT	OBJ	SUB	AMOUNT	AMOUNT
TOTALS								

30.45.2

TOTALS

SPAR – Sponsored Projects Activity Request

- ✓ Put Account on Guarantee
- ✓ Re-Budget when Agencies approval is not required
- ✓ Request pre-award costs under Research Terms and Conditions
- ✓ Extend end date under Research Terms and Conditions

RCAR – Research or Conference Account Request

- ✓ *Used to establish the following type of Accounts*
 - Self-Sponsored Research Accounts
 - Conference Accounts
 - Sub-Accounts under Existing Awards
 - Blanket Research Account where there is no MOA (Memorandum of Agreement)
 - Graduate Education Account
 - Fixed Price Consolidation Account
 - Gift Grants
- ✓ *Other Uses*
 - Extend End date on most accounts initially set up with an RCAR
 - Increase Allocation on most accounts initially set up with an RCAR
 - Cannot do either of these actions on sub-accounts that fall under an established award

Sub Award / Subcontract Initiation Form

- ✓ Used to add a new subcontract under a prime award
- ✓ Make sure to list where the funds for the subcontract are coming from
- ✓ Make sure the dates for the subcontract fall within the prime award

Sub-Award / Subcontract Change

- ✓ Used to make changes to an existing subcontract
- ✓ Make sure the dates for the subcontract fall within the prime award

ETR – Expenditure Transfer Request

- ✓ Used to transfer expenses
- ✓ Make sure PI's signature is included when expenses are being transferred to a Sponsored Project
- ✓ If expenses being transferred to a sponsored project posted greater than 90 days please provide a 90 day justification
- ✓ Make sure an administrator who has signature authority on the account that the expenses are being transferred to signs

EAA – Expense Assignment Action

- ✓ Used to make temporary changes to position funding
- ✓ Make sure PI's signature is included when expenses are being increased on a Sponsored Project
- ✓ If expenses being transferred to a sponsored project posted greater than 90 days provide a 90 day exception
- ✓ Make sure an administrator who has signature authority on the account that the expenses are being transferred to signs

Cash Advance

- ✓ Complete both forms
 - WA State Invoice Voucher – 30.45.2
 - Cash Advance Request – 40.21.8