Date

University Controller Print Name and Signature

REQUEST FOR CRE		PROJECT ACCOUNT FOR E	XTERNALLY-FUNDED PROJECTS
An academic unit (e.g. departme accomplish the form accordingly		enter, institute) should use this forn	n to request for a project account. Please
UNIT/RESEARCH CENTER:			
PROJECT TITLE:			
PROJECT LEADER/MANAGE	R:		
PROJECT TEAM MEMBERS:			
FUNDING AGENCY:			
PROJECT DURATION: Start Date End Date			
PROJECT COST: In Foreign Currency: In Pesos (as of):			
Project Leader/Manager Printed Name and Signature		Endorsed by:	Date
Research Center Director/Institute Director Printed Name and Signature		Dean Printed Name and Signature	Vice Chancellor for Research and Innovation Printed Name and Signature
Date		Date	Date
Noted by:		Date	
For URCO:			
Project Code no.:			
Copies of the EFP form #1 for VCF	RI, Project Lead	er/Manager, Research Center Director	/Institute Director
For Accounting Office:			
Account no.:		Date created:	