REQUEST FOR CREATION OF PROJECT ACCOUNT FOR EXTERNALLY-FUNDED PROJECTS
Term _______ SY ______________

An academic unit (e.g. department, research center, institute) should use this form to request for a project account. Please accomplish the form accordingly.

UNIT/RESEARCH CENTER: __________________________________________

PROJECT TITLE: _________________________________________________________

PROJECT LEADER: __________________________________________

PROJECT TEAM MEMBERS:
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

FUNDING AGENCY: ______________________________________________________
_____________________________________________________________________

PROJECT DURATION: Start Date: ____________________________
End Date: ____________________________

PROJECT COST: In Foreign Currency: ____________________________
In Pesos (as of ______): ____________________________

SHORT DESCRIPTION OF PROJECT: (please use separate sheet if necessary)
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Project Leader: ____________________________ Date: ____________________________
Printed Name and Signature

Endorsed by: ____________________________ Date: ____________________________

Research Center Director/Institute Director: ____________________________ College Dean: ____________________________
Printed Name and Signature Printed Name and Signature

Date: ____________________________ Date: ____________________________

Associate Vice Chancellor for Research: ____________________________ Date: ____________________________
Printed Name and Signature

Send EFP Form #1 to the Office of the Associate Vice Chancellor for Research (OVCRR), Yuchengco 306 together with a copy of the signed Memorandum of Agreement (MOA)/contract.

For Accounting Office:

Account no.: ____________________________ Date: ____________________________

Date created: ____________________________

Assistant Controller for Financial Accounting: ____________________________ Date: ____________________________
Printed Name and Signature