

GRANTS ACCOUNTING

DEPARTMENTAL GUARANTEE FORM

Grant # : _____
(if known)

_____ will cover expenses incurred on
(Name of Department)

_____’s grant/contract titled
(Name of P.I.)

during the time period _____ to _____ if the grant/contract for

_____ is not:
(Amount)

approved (if new grant) ____ ,

renewed / continued (with additional funds) ____ ,

no-cost extension approved ____ .

The Account # to be charged is _____ .

Approved by Dean / Chair _____

Dated _____

Approved by P.I. _____

Dated _____