

## **Research Project Overdraft Request and Approval Form**

INFORMATION					
PI Name					
PeopleSoft Project #					
TRAQ #					
Project End Date (mm/dd/yy)					
Amount Requested	\$				
Current Deficit	\$				
Amount of Future Year Budgets <sup>1</sup>	\$				
Requested Start Date of Overdraft (mm/dd/yy)					
Requested End Date of Overdraft (mm/dd/yy)					
Please describe strategy to resolve deficit					
PI Name					
PI Signature					
APPROVAL					
Amount Approved	\$				
Chartfield values to be charged at expiration of overdraft. (if funding hasn't been secured)	Fund	Dept.	Program	n Class	Project
Approver Name <sup>2</sup>			Title		
Approver Signature			Dat	te	

By approving this form, the approver is authorizing a temporary increase in the budget of the research project noted above. Should additional funding not be received by the end date, approval is also being granted to charge overspending to the chartfield above.

A PDF of the completed, approved form can be e-mailed to research.accounting@queensu.ca, or the form can be mailed to:

Financial Services (Research Accounting) Queen's University Rideau Building, 3<sup>rd</sup> Floor 207 Stuart Street Kingston, ON Canada K7L 3N6

This form must be received prior to the last business day of the month in order to be processed for that mont

<sup>&</sup>lt;sup>1</sup> Budgets must be already approved and related to the project for which overdraft protection is being requested. <sup>2</sup> Please contact your department head or faculty office to determine the approval requirements for your faculty.