

**School of Medicine
Check Transmittal Form**

PI:

Department:

Sponsor:

Title of Project:

Check Number:

Check Date:

New Account

Account Code

FAS	Project	Award	Organization

Personal Services: _____

OTPS: _____

Indirect Costs: _____

Direct Costs: _____

Total Deposit: _____

Principal Investigator Signature

Date

Research Administrator Signature

Date