Division of Research
777 Glades Road
Boca Raton, FL 33431
tel: 561.297.3461
fax: 561.297.2141
http://www.fau.edu/research

Request to Establish Program Income Account

Principal Investigator	
College and Department/Unit	
Project Title	
SP Proposal Number	
Anticipated Amount of Program Income **(Amount included in proposal)**	
Amount of Request (**no more than 25%**)	
Collateral account (TAG #) **(Must be E&G or research overhead)**	

Please Note:
Attach a copy of the proposal/award documents outlining the Program Income anticipated for the project. A separate TAG number will be set up to account for the Program Income generated. All revenue generated as Program Income related to the project must be deposited into the Program Income Fund.
Program Income funds must follow the same rules for allowability as the funding from the sponsor.

I, the undersigned, understand that any over-expenditures on the Program Income Account which are not covered will be transferred to the above referenced collateral account.

Required Signature Approvals:

_____	_____	_____
Principal Investigator – Signature	Principal Investigator – Printed Name	Date
_____	_____	_____
Department Chair – Signature	Department Chair – Printed Name	Date
_____	_____	_____
College Dean – Signature	College Dean – Printed Name	Date

Form Updated: 06-20-2018