CHECK DEPOSIT REQUEST
WHEN AWARD DOCUMENTS HAVE NOT BEEN FINALIZED
WITH OR WITHOUT A PRE-ACTIVATED AWARD

Instructions: Administrative units are to use this form when 1) monies have been received for deposit before receipt of
final award documents, or 2) monies have been received but Pre-activated Award authorization has not yet been given.
Complete the following information and attach the check for deposit. Forward all documents to Grants and Contracts,
F428.

General Information:
Principal Investigator (PI): _______________________________ Date: __________
Department Contact: _______________________________ Phone: __________
Check Payer/Sponsor: _______________________________
Amount: ____________________ Check No.: __________ Check Date: __________

Provide the PeopleSoft Project Number (FOPPS) Information
☐ No Project Number has been assigned.
☐ Project Number assigned that the payment is directly related to: _______________________________

Check all that apply:
A. ___ Check is the Sponsor’s payment for COMIRB fee(s) charged for protocol review.*
B. ___ Check is payment for activities/services to be accomplished under an anticipated award to the UCD.*
   Documents supplied to Grants and Contracts and/or Office of Technology Transfer are as follows (check as
   appropriate). Attach copies of documents supplied to Technology Transfer.
   ___ Approval of Application for Grant or Contract (Routing Form)
   ___ Award Pre-Activation Request
   ___ Clinical Trials Required Form/Commitment and Certification
   ___ Copy of Grant Application or Contract Proposal
   ___ Budget and/or Payment Schedule
   ___ Confidentiality Agreement
   ___ Material Transfer Agreement
   ___ Sponsor Policy/Guidelines
   ___ Other (specify):
C. ___ There are no award documents or proposed terms and conditions.
D. ___ Other (please explain):
   * If not already sent to Grants and Contracts, the Approval of Application for Grant or Contract (Routing Form) and Pre-
   Activation Award Request form are be completed, routed for approval and attached (Fiscal Policy 4-5, Exhibit A, and
   Fiscal Policy 4-10, Exhibit A).

Requestor Name: _______________________________
Signature: _______________________________ Date: __________

PI’S CERTIFICATION (REQUIRED IF C OR D CHECKED ABOVE):

TO THE BEST OF MY KNOWLEDGE, I AM NOT AWARE OF ANY EXPECTATIONS BY THE PAYER/SPONSOR WITH
RESPECT TO INTELLECTUAL PROPERTY RIGHTS OR OTHER TERMS, SUCH AS PUBLICATION RESTRICTIONS
THAT MIGHT BE COMPROMISED BY THE ACCEPTANCE AND DEPOSIT OF THIS CHECK.

PI Signature: _______________________________ Date: __________

Distribution by OGC:
1. G&C Award File
2. Principal Investigator’s Contact identified on Routing Form, unless specified otherwise.