Revised 06/03/04

Murray State University Early Project Start Up Form

Project Director
Grant Period
Grant Amount
Grant Name/Description
OSP Routing Number
Funding Type - mark box Federal State Private
Funding Agency
Account number to Guarantee Grant if not funded
Amount Guaranteed
Signature of Employee's Unit/Supervisor
Project Director
Chair
Dean
vice President

RETURN COMPLETED FORM TO:

ACCOUNTING AND FINANCIAL SERVICES 200 SPARKS HALL