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