



CTS Predoc Request for Expense/Supplies Funding

Center for Clinical and Translational Science (CCaTS)

Instructions: This form must be completed and submitted to the CCaTS Predoc Education Specialist at least **2 weeks prior** to placing an order. This information will be reviewed at the CCaTS Predoc Executive Committee meeting. Upon approval you will receive an email confirmation of the amount approved, and remaining balance.

Name <i>(First, Middle, Last)</i>	Today's Date <i>(Month DD, YYYY)</i>
Name of PI/Lab you are working in:	

Items to be Purchased	Cost
1.	\$
2.	\$
3.	\$
4.	\$
5.	\$
6.	\$
Total Cost	\$

Amount Requested from CTSA Training Grant \$	Amount Requested from Alternative Funding Source(s) \$
Identify Alternative Funding Source(s) Including PAU/Activity Code	
Rationale for Request (what do you need the supplies for)	
Date you are planning to place order <i>(Month DD, YYYY)</i>	Date supplies are needed by <i>(Month DD, YYYY)</i>
Name of Person placing the order	

Date Received <i>(Month DD, YYYY)</i> (to be completed by CCaTS office recipient)	
PAU (to be completed by CCaTS Coordinator, Research Operations)	
Mentor Signature	Date <i>(Month DD, YYYY)</i>