GSRTF Clearing Account or Recharge Action Form

Instructions: This form must be submitted to OGS prior to hiring a Graduate Student Researcher **funded by General Funds (19900A) or other fund sources** (ex. American Cancer, American Heart, March of Dimes) **that will not automatically accept the T/F remission charge.** Charges to 19900A will appear in the OGS Clearing Account which is administered by Kathryn Murphy, OGS (x43724). If required, please complete and return this form to Mail code 0003.

Student Name: _____
(Last name, First name)

Student's Graduate Department: _____

Funding Department: _____
(if different from above)

Salary Funding Source: _____
(give name - ex: Block Grant, American Cancer, American Heart, March of Dimes)

Index/Fund: _____

Indicate months that will be affected: _____
(ex: 10/1/10 - 6/30/11)

Explanation (if needed): _____

I understand that the following account will be charged:

1 ☐ **Graduate Department Block Grant Funds**

$_____ X _____ = $_____
(GSRTF monthly rate) (# of months) (Total Block Grant Charg

2 ☐ **Recharge Account**

$_____ X _____ = $_____
(GSRTF monthly rate) (# of months) (Total Recharge)

_____
Index to recharge

3 **OGS-Funded** ☐ **ORU GSRTF** _____
(ORU name)

☐ **Other GSRTF** _____
(Explain)

Person Preparing Form: _____

Department: _____ Date: _____