



**Request for Non-Standard Financial Terms
For
Reimbursable Work Agreement**

PART I – SPO SECTION

Division:	Date:
Sponsor Name:	Principal Investigator:
Proposal Number:	Proposed Period of Performance (POP):
Reason for Sponsor’s Proposed Non-Standard Financial Terms:	
SPO Contracts Officer Printed Name:	Signature & Date:

PART II – AR SECTION

Sponsor’s Payment History

Slow Pay? Yes No _____ Delinquent? Yes No _____

Required Accommodations

Special Invoicing? Yes No _____

Invoice Certification? Yes No _____

Financial Reports? Yes No _____

Scientific Reports? Yes No _____

Comments:

AR Manager , or Designee’s Printed Name:	Signature & Date:
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PART IV – DIVISION SECTION

60 Day Cost Estimate (Highest 2 months of costs): \$ _____

Division Resource Analyst’s Printed Name:	Signature & Date:
Division Director, or designee’s (limited to Deputy Division Director or Business Manager) Printed Name:	Signature & Date:

PART V – BUDGET OFFICE SECTION

Comments:

Budge Office Analyst Printed Name (or mgmt chain):	Signature & Date:
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PART V – CFO APPROVAL

Chief Financial Officer, or designee’s Printed Name:	Signature & Date:
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