

**THE AMERICAN CHEMICAL SOCIETY PETROLEUM RESEARCH FUND**

**Grant Administration Form**

**The information furnished herein will be used for the preparation of a formal grant agreement between the American Chemical Society and your institution. It must be approved by an appropriate officer of the institution.**

PRF No. \_\_\_\_\_ Principal Investigator: \_\_\_\_\_

Legal Name of Grantee Institution: \_\_\_\_\_

Federal Tax ID No. (REQUIRED): \_\_\_\_\_

The payment address we have on record for your institution is as follows:

**Any changes should be noted. However, please remember that we can use only *one* payment address per institution for all grant payments. If payment address and tax id are blank, please supply. For foreign institutions without a U.S. tax ID, please attach proof of tax exempt status.**

Payment will be made by:      Check to above address       ACH (with bank information on file)

In order to change the method of payment from check to electronic transfer, the following information is required, **as well as a voided check (not a deposit slip):**

Name of financial institution: \_\_\_\_\_ ABA/Routing number: \_\_\_\_\_

Name of account: \_\_\_\_\_ Account number: \_\_\_\_\_

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Ordinarily, the first payment is scheduled for the month in which the grant period starts and subsequent payments are scheduled for September of the following year(s). If you need an earlier starting date and earlier payments please indicate your preference below for each year of the grant. Please be sure that ***the payment amount(s) you request are equal to the budget amount(s)*** for each year of the grant. **No more than one payment per calendar year may be requested.**

PAYMENT	DATE	AMOUNT
1st	_____	_____
2nd	_____	_____
3rd	_____	_____

Comments: \_\_\_\_\_

Officer of the Institution  
Accepting the Grant \_\_\_\_\_  
(Signature) (Printed Name and Title)

\_\_\_\_\_  
(Email Address) (Telephone) (Date)