



AMERICAN UNIVERSITY OF SHARJAH
Finance Department

Research Grant - Advance Request Form

Faculty Name:		ID No:	Day/Month/Year Date:
Cost Center:	Account Code:	Department:	Fiscal Year:
Travel Destination: (If Research will be conducted outside UAE)			Travel Date:
Research Proposal Title:			Budget Approved in AED:
Payment mode by AUS: (Please tick preference)			
<input type="checkbox"/> Check in AED <input type="checkbox"/> Check in AED to be deposited to NBS Account # _____ <input type="checkbox"/> Bank Transfer (Pls. provide bank details)			
<p style="text-align: right;">Bank Name: _____</p> <p style="text-align: right;">Branch: _____</p> <p style="text-align: right;">Account #: _____</p> <p style="text-align: right;">Swift Code: (If bank is outside UAE) _____</p>			
<u>Requested By: (Faculty Name)</u>		<u>Finance Stamp:</u>	
Name: _____ Signature: _____ Date: _____			
Note:			
A copy of the Research Grant Award memo approved by the VCAA must be attached w/ this advance request. The above advance once collected is payable back to AUS unless the 'Research Grant Reimbursement Request Form' is completed with all original bills & receipts of the expenses incurred attached to it.			