

REQUEST FOR OUTBOUND SUBAWARD Continued:

Please use the box below to provide any additional information related to this request.

DEPARTMENT CONTACTS (if SPA has questions regarding this request)

Administrative Contact name:

email:

Financial Contact name:
(Departmental, not SPF/SPA)

email:

Attachment 3A
Research Subaward Agreement
Pass-Through Entity (PTE) Contacts

Subaward Number:

PTE Information

Entity Name:

Legal Address:

Website:

PTE Contacts

Central Email:

Principal Investigator Name:

Email:

Telephone Number:

Administrative Contact Name:

Email:

Telephone Number:

COI Contact email (if different to above):

Financial Contact Name:

Email:

Telephone Number:

Email invoices? Yes No Invoice email (if different):

Authorized Official Name:

Email:

Telephone Number:

PI Address:

Administrative Address:

Invoice Address: