



## Sponsored Programs Exemption Form

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Date: \_\_\_\_\_ Principal Investigator: \_\_\_\_\_ Department: \_\_\_\_\_

Project Title: \_\_\_\_\_

Sponsor Name: \_\_\_\_\_ Sponsor ID Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Requisition Number: \_\_\_\_\_

Vendor Name: \_\_\_\_\_

Purchase Type: Expense:  Equipment:  Subcontract:

Name and Description of Item(s):

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Purpose:

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Justification (attach additional documentation if needed):

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Certification:

I, the undersigned, certify the above to be true and correct to the best of my knowledge and belief.

Principal Investigator:

Director, Office of Sponsored Programs:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Date: \_\_\_\_\_

Date: \_\_\_\_\_