



RF Overdraft Request

Purpose and Scope: This form is to request an Overdraft exclusively for RF333. It is to be used in conjunction with the Non-Contractual Research Funds Procedure.

Overdraft Request:

Complete this section **only** for an overdraft request (used in conjunction with RF333):

Overdraft Amount Required: \$

At year end all overdraft amounts advanced **must** be repaid. The ChartField to clear any deficits remaining at year end is:

Fund: Department: Project:

Approved by:

Head of School Name: _____ Date: _____

Signed Head of School/Centre: _____ Email: _____

Phone: _____

Attach this form to a completed [NG](#) form and send both to your CSA for processing. The signature on this form and the [NG](#) Form must be the same.

CSA Office Use Only:

CSA - Checked by : _____

Date Received: _____

Financial Delegation Checked: Yes / No

Date School/Centre Notified: _____

NG Form Attached: Yes/No

RF Project Number: _____