

Division of Research and Education Support

Office of Sponsored Programs

Research Supplemental Compensation Request Form

PI Name: _____

Department/Division: _____

Department/Division Director (Signature): _____

Email: _____

Proposal title: _____

Project Period: _____

Estimated Funding Request Amount (Specify Direct or Total costs): _____

Required documents:

- Abstract or Project Summary of the sponsored program or project conducted
- Evidence of date submission of required reports according to sponsor's deadline
- Copy of Internal Transmittal Form signed by all parties
- Copy of the approved Notice of Award or contract
- Copy of approved sponsored program budget

Requestor Name: _____

Requestor Signature: _____

Date: _____

The request form and required documents must be submitted to the Office of Sponsored Programs by email (progsub.ccc@upr.edu). Applicants may submit additional supporting documents if desired.