

DEPARTMENT OF HEALTH AND HUMAN SERVICES
NATIONAL INSTITUTES OF HEALTH

IC Request No. *(for IC Approving
Office Only)*

**Request for Use of Gift Funds
(for Other than Entertainment Expenses)**

Date of Request

CAN/Project No.

Estimated Cost

Purpose of Request

Justification/Remarks

IC Requester/Contact Person

Phone No.

Clearance Action

IC Reviewing Official: Signature _____ Date: _____

Approved Disapproved Amount \$ _____

IC Authorizing Official: Signature _____ Date: _____

Approved Disapproved Amount \$ _____