



UNIVERSITY  
of HAWAII  
MĀNOA

John A. Burns School of Medicine  
Office of the Dean

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

**MEMORANDUM**

**TO:** Tammy Fisher, Financial Services Support Manager  
University of Hawaii Foundation

**FROM:** \_\_\_\_\_  
UHF Account Administrator #1

\_\_\_\_\_  
UHF Account Administrator #2

**SUBJECT:** Request for New ORS Agreement

<b>UH Project Title:</b>	UHF Support –		
<b>UH Principal Investigator:</b>		<b>Email:</b>	
<b>Dept/Program:</b>			
<b>Address:</b>			
<b>Purpose:</b> <small>(50 character limit)</small>			
<b>UHF Account &amp; Name:</b>			
<b>UH Fiscal Admin:</b>		<b>Email:</b>	
<b>UH Account:</b>	MA		

Requesting the following budget period and amount:				
<b>Requesting Budget Period:</b>	<b>Inception:</b> <small>(Start of Award)</small>		<b>End:</b>	
<b>Requesting Budget Amount:</b>	\$			

The John A. Burns School of Medicine respectfully requests your office's assistance with preparing a new ORS Agreement for budget period \_\_\_\_\_ - \_\_\_\_\_ and budget amount \$\_\_\_\_\_.

**Scope of Work:**

**Budget Justification:**

**Budget Spreadsheet:** *See attached*

Approved by:

_____	_____	_____	_____
UHF Account Administrator #1	Date	UHF Account Administrator #2	Date
_____		_____	
Name		Name	
_____		_____	
Email Address		Email Address	

**Note to UHF:** Please contact/email the Requester below for the following matters. Mahalo!

1. Inquiries related to this request.
2. Email a copy of the half-executed agreement for UH myGRANT processing. Please cc UH Fiscal Administrator \_\_\_\_\_.