



**UNIVERSITY OF CAPE COAST**

**DIRECTORATE OF RESEARCH, INNOVATION AND CONSULTANCY [DRIC]**

**REQUEST FOR DISBURSEMENT OF RESEARCH/CONSULTANCY  
PROJECT FUNDS**

*[Principal Investigators or Lead Consultants should allow **at least ten (10) working or business days** from deadline for processing of request and feedback from DRIC]*

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**PARTICULARS OF PRINCIPAL INVESTIGATOR OR LEAD CONSULTANT**

Surname:	First Name:	Middle Name:

College:	Faculty/School:
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Directorate/Centre/Department/Office:	Designation/Title:
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Institutional Email Address:	Cell Phone No.:
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**PROJECT DETAILS**

Project Title:
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Funding Agency(ies):
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Total Amount Requested ( <i>In Words</i> ):	Total Amount Requested ( <i>In Figures</i> ):
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Specific Reason(s) for Requesting Project Funds:
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Breakdown of amount requested based on activity(ies) and items
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S/No.	Description [Activity/Item]	Quantity	No. of Days	Unit Cost	Total Cost
		[Add unit of measurement]		[Currency: _____]	[Currency: _____]
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					
16.					
17.					
18.					
<b>Total Amount</b>					

Please attach a detailed operational budget (if applicable) for your request using the above format

Signature of Principal Investigator:	Date:
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**FOR OFFICIAL USE ONLY:**

Date of Receipt at DRIC:
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Decision by Director of DRIC:	Signature of Director of DRIC:
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	Name:
	Date:

Decision by Vice Chancellor ( <i>If applicable</i> ):	Signature of Vice Chancellor:
	Name:
	Date: