

ADVANCED EXPENDITURE AUTHORIZATION/ PRE-AWARD COSTS APPROVAL

Date: _____

Principal Investigator: _____ School/ Division: _____

Sponsoring Agency: _____

Period of Authorization (not to exceed 90 days): from: _____ to: _____

Federal Demonstration Project pre-award costs requested? Yes No

Please appropriate funds as follows: Direct Costs: \$ _____
Indirect Costs: \$ _____
Total Costs: \$ _____

Reason for request:

There is an essential need to advance or commit funds (pay salaries or meet other expenses of a continuing project).

Other: _____

I certify that all necessary human subject, animal subject, and/or environmental health and safety approvals have been obtained prior to conducting work that requires such approvals.

Principal Investigator: _____ Date: _____

I certify funds will be available to cover the expenditures incurred for this project in the event that the Sponsor does not provide the funds requested. (Indicate alternate fund source below.)

Fund Source: _____

Dean: _____ Date: _____

SRS Use Only

The award is is not under FDP Sponsor Code: _____

New Renewal/ Continuation Award #: _____

Grant Contract Cooperative Agreement Other: _____

Subcontract under prime: _____

Funding from: Federal State/Local Nonprofit Industry Other: _____

Award Begin Date: _____

Comments: _____

SRS has received a written or verbal commitment directly from the Sponsor stating their intent to provide the funds requested for the above named project.

Sponsored Research Services, Authorized Official: _____ Date: _____