Office for Sponsored Programs
ADVANCE SPENDING AUTHORIZATION

Funds will not be established in Banner without a complete, approved Internal Coordination Sheet.

Principal Investigator: _____ Department: _____

Funding Agency: _____

Project Title: _____

Is the award for a new proposal: ☐ Yes ☐ No (If no, complete next question)
If the award is a continuation or supplement, indicate the current Banner Grant/Fund #: _____

The anticipated award is to begin _____ and end _____ Total funds anticipated $ _____

Request to spend is for the period _____ to _____ in the amount of $ _____ *
A budget, which should be prorated to the period requested, is required for establishment of a Fund in Banner.*

Description of request and justification:

Certification and Approvals

NOTE: Initiation of project activities, including expenditure of funds, prior to satisfaction of all compliance requirements may result in reportable conditions, loss of research data and/or disallowance of funds expended. It is the PI's responsibility to identify potential compliance requirements and address those with the Office for Research Compliance. The Department and College will be responsible for funding any disallowed costs.

PI:
An urgent need exists to expend funds for the benefit of the project prior to receipt of a fully executed award. Any applicable compliance requirements (e.g. COI, IRB, IACUC, Export Control) have been appropriately addressed.

_____
Principal Investigator Date

Department:
☐ In the event that the award described above is not received, or does not coincide with the period of performance identified above, I will provide funding for any losses incurred as a consequence of the approval of this request.

☐ I am unable to provide funding for losses if incurred as a consequence of the approval of this request. However, I endorse the request and recommend its approval by the Dean.

_____
Department Head Date

College/School:
☐ The Department has agreed to provide funding for this project in the event that the award is not received or does not coincide with the anticipated performance period. I concur with this action.

☐ The Department has endorsed this request but is unable to provide funding for losses incurred as a consequence of the approval of this request. I concur with the recommendation and will provide such funding if required.

☐ Neither I nor the Department endorses this request and we will not pay for losses incurred if this research/project is not funded.

☐ The Dean's office endorses this request but does not have funds to cover losses if incurred.

_____
Dean, Director Date

Office for Research:
☐ Approved ☐ Disapproved

_____
Cynthia Hope Date
Assistant Vice President for Research