

**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: \_\_\_\_\_

***SPO 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: \_\_\_\_\_

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

Director, Sponsored Projects Office: \_\_\_\_\_ Date: \_\_\_\_\_