Prior Authorization to Spend Request Form

This authorization request gives the Project Director the opportunity to (1) have a project number created before an award document is received and/or before an award begins or (2) update an existing project to allow for spending before the award begins.

A. REQUEST: (Complete Section A and obtain all appropriate approvals in Section B. Send completed form to Office of Research & Sponsored Programs Office)

Today's Date:　　　　　　　Project Director:　　　　　　　　　　Dept:

Contact Telephone:　　　　　　　　　G&C Administrator:

Anticipated Award Amount:　　　　　　　　Anticipated Pre-award Spending Amount:

Sponsoring Agency:　　　　　　　　　　Prime, if subaward:

Anticipated Budget Period:　　　　　to　　　　Anticipated Project Period:　　　　　to

Proposal Number (if applicable):　　　　　　Award Number (if applicable):

Type of Action Requested (check one)

☐ A new Fund/Project for an anticipated award, but without an official award notice. Please provide a backup Fund number below.

☐ Authorization to spend from an existing Fund/Project before the project start date.
Current sponsored Fund/Project number (9 digits): G-_____　*(Note: no backup Fund information is needed below)*

Backup Fund Number: _____ (Please indicate a non-sponsored Program Fund number, e.g., Foundation

Program [M Fund], Research Stimulation [RS Fund], or a departmental Fund number, for use in the event the awarded

amount does not cover the level of pre-award spending)

　　　Name of the Authorized Signer for Backup Fund: _____
　(Note: If different from Project Director, then approval from authorized signer on backup Fund is required below)

Justification: (Justification is required only in cases where sponsor approval is needed. Note benefit of this action to the project and other pertinent information. Attach additional page if more space is required.)

B. Approvals

We verify the accuracy of the above information and agree that funds will be available to cover any expenses if needed.

	Approval Signature	Date	Printed Name
Project Director:	_____	_____	_____
Authorized Signer on Backup Fund (if app):	_____	_____	_____
College Dean:	_____	_____	_____
GCA:	_____	_____	_____
Sr. Dir. Sponsored Programs	_____	_____	_____

For ORSP Use Only

Notes/Journal Entry Batch Number:

* Please attach any supporting documentation, such as a written confirmation from the awarding agency in cases where the award document has not been received.

Mail to:　[Appropriate GCA] @ Office of Research & Sponsored Programs, Mail Stop 4509, FO-5 Room 111