

ADVANCED EXPENDITURE AUTHORIZATION/PRE-AWARD COSTS APPROVAL

Date: _____

Principal Investigator: _____

Administering Unit/Department: _____

Sponsoring Agency: _____ SPO Proposal #: _____

BFS Fund # (if applicable): _____ BFS Org. #: _____ BFS Prog. #: _____ BFS Proj. #: _____ BFS Flex #: _____

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

Federal Demonstration Project preaward costs requested? Yes No*

Please appropriate funds as follows: (90 day budget allocation only) Direct Costs: \$ _____ Indirect Costs: \$ _____ Rate: % _____ Total Costs: \$ _____

Principal Investigator/Project Director: _____ Signature

Prepared by: _____ Phone: _____ E-mail: _____

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: _____ End Date: _____

Comments: _____

Authorization Requested by: _____ Authorization Approved by: _____

SPO Research Administrator (signature and date) SPO Associate Director (signature and date)

Accounting Services Use Only

BJ No.: _____ Posted to AFP by: _____ Date

Fund No: _____ Signature Date

Distribution: Administering Unit SPO Accounting Services