

Authorization for Expenditures/Commitments in Excess of Funds Available

Date _____ For OSURF Use Only
Project # _____ Award/Contract # _____

Completion of this form will allow: (Choose One)

- Issuance of RF project account number prior to award receipt
- Continued Expenditures/Commitments on existing RF project account in anticipation of receipt of future funds/additional time

OSURF project account numbers cannot be issued if the PI is not in compliance with Conflict of Interest requirements or Human Subject/Animal Protocols have not been approved.

Principal Investigator _____

Department _____

Sponsor _____

Anticipated Total Budget \$ _____

Period of Performance _____

NOTE: Costs incurred outside the period of performance may NOT be allowable or may require prior approval from the sponsor.

AUTHORIZATION STATEMENT: (Please complete)

In the event the anticipated sponsored agreement is not received or sponsor payment is insufficient to cover expenditures incurred against this OSURF project account, any unrecovered or unallowable expenditures will be transferred to University account no. _____ If blank, charges will be transferred to department release time account.

SIGNATURES:

Principal Investigator

Date

Chairperson

Date

PLEASE RETURN THIS FORM TO: _____

Address – FAX Number _____