Advanced Expenditure Authorization Form for Sponsored Funds (ECAV)

University of Oklahoma Health Sciences Center

Principal Investigator: __________________________________________

Department Org Number and Name: ________________________________

Sponsor (the entity paying OUHSC): ________________________________

Project Title: __________________________________________________________________________________________

Previous Project/Grant # (if no previous year, new number will be assigned): ________________________________

Anticipated Start Date: _______________ Anticipated End Date: __________________________

Purpose (check one): □ Pending New □ Pending Renewal □ Pending Extension □ Clinical Trial

Budget Requested: $_________________ For Clinical Trials (check one): □ One-Time □ Float

Proposed Budget Lines (check all that apply): □ Salary □ Fringe □ Supply □ Other □ Travel

□ Publications □ Equipment □ Consulting □ Contractual □ Other (not named above)

Purpose (check one): □ Research □ Training □ Other

Is this ARRA Funding?: □ Yes □ No

I certify that all necessary IRB, IACUC, IBC, Radioactive Materials and/or Controlled Substances approvals have been obtained prior to conducting work that requires such approvals.

Principal Investigator: __________________________________________ Date: __________________________

For this project/grant, I authorize all negative cash balances and unallowable costs to be automatically covered from the source listed below when the project has ended and no indication of commitment has been made by the external sponsor by the end of 90 days.

(Alternate chartfield cannot be from a sponsored fund.)

Fund: __________ ORG: __________ Program: __________ Project: __________

Approval
Signature: __________________________________________ Date: __________________________

Approved by: Business Manager, Dept Dean or Chair, per department policy

**Please note**: This form is not needed if you have received final funding notification from the sponsor, i.e. Notice of Grant Award to OUHSC or a fully executed Contract, Amendment or other Agreement, and all required institutional approvals are in place.