

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.