APPENDIX A
UNIVERSITY OF HAWAII - OFFICE OF RESEARCH SERVICES
REQUEST FOR ADVANCE FUND ACCOUNT APPROVAL

Initial Request _____ Request for Extension _____

Principal Investigator:

College/Department or Division:

Project Title:

Sponsoring Agency:

Grant Number:

Existing UH Project Account Code(s)
(If applicable):

Project Period for Which Advance Funding Being Requested:

Advance Funding Period:
(Maximum not to exceed 90 days)

Advance Funds Requested:
(Advance Budget attached)

Funding Assurance by Official Agent of Sponsor:
Name:

Title:

Phone/Email:

Justification for Advance Funding:

Principal Investigator:
(Signature & Date)

Department Chair:
(Signature & Date)

Fiscal Officer:
(Signature & Date)

If the award is not finalized or expenditures are disallowed, I understand and agree that my department will be responsible for covering these costs. I authorize ORS to charge the unrestricted account listed below.

Chancellor/Dean/Director:
(Signature & Date)

Departmental FMIS Account to be Charged: ___________________________

Attachments:
Budget for Advance Funding Period
Copy of ORS Form 5