

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:
(Documentation attached) 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