

SCHOOL OF PUBLIC HEALTH

Request for Authorization to Spend Funds Prior to Receipt of an Award (RAS/ERAS)
Statement of Responsibility for Principal Investigator and Department Chair/Center Director

Date:
Principal Investigator:
Project Title:
Project begin date: Project end date:
Funding Agency: Fund #:
Project Award:
Direct Cost: Indirect Cost: Total Cost:

Delta FOR PRINCIPAL INVESTIGATOR:

As Principal Investigator of the above named project I am submitting a Request for Authorization to Spend Funds Prior to Receipt of an Award (RAS/ERAS) in the amount of \$. I agree that if funding is not awarded I will provide alternate funds for any and all expenditures I authorize under this RAS as follows (check one):

Delta Name of unrestricted fund:
Account cc Fund Current Fund Balance

Delta Personal funds
Principal Investigator Date

Delta As Department Chair/Center Director for the award to (principal investigator) in the above named project, I confirm that the Principal Investigator has indicated (above) an acceptable alternate fund to cover advance expenditures should funding not be awarded. In light of the fact that the Principal Investigator has accepted the responsibility of covering any and all expenditures he/she authorizes under this RAS, I will grant department approval for this request for advance spending.

Department Chair/Center Director Date

Delta FOR DEPARTMENT CHAIR/CENTER DIRECTOR

As Department Chair I accept responsibility for the authorization of the Request for Authorization to Spend Funds Prior to Receipt of an Award for the above named project to, (principal investigator) in the amount of \$. If funding is not awarded, I will provide alternate funds for any and all expenditures authorized under this RAS as follows:

Delta Name of unrestricted fund:
Account cc Fund Current Fund Balance

Department Chair/Center Director Date