



Authorization For New Account or Extension Form

This form is used to authorize the action indicated below prior to receipt of the contract/ award or amendment to extend the award.

PROJECT INFORMATION:

Project Title: _____

Principal Investigator: _____ Department: _____

Sponsor: _____

NEW ACCOUNT: (establish a 5-ledger account prior to receipt of an award)¹

Sponsor Award /Protocol Number (if known): _____

Project Primarily Involves:

Budget Period Authorized by the Chair: from _____ to _____

Award Amount (Year 1): Direct _____ Indirect _____ TBA _____

EXTEND ACCOUNT extend end date on existing account until: _____

Indicate Project/Task/Award number(s) to be extended: _____

AUTHORIZATION: Please establish an account number /extend the end date for this project for the period indicated above. In the event a deficit occurs as a result of the award or extension not being received from the sponsor, I accept full responsibility for all expense activity on the account.

Department Chair

Date

¹ Not applicable to Industry Sponsored Clinical Trials. See Instructions