

Controller Office Only		
Department:		
Budget:		
Fund:		

## **APPROVAL FOR INCURRING PRE-AWARD COSTS**

Sponsor:							
Protocol/Grant Number: Project Name: Principal Investigator: Award Start Date:							
				Itemized List of Costs to be Incurred Prior to Award			
				Category	Direct Costs	Indirect Costs	
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<ul> <li>The above items meet ALL of the following criteria:</li> <li>The costs concerned are necessary for the conduct of the project.</li> <li>The costs are allowable under the potential award.</li> <li>Prior approval that is required for specific expenditures or activities has been obtained from the Sponsor.</li> <li>The costs are incurred within 90 days of the beginning date of the award.</li> <li>The costs do not impair the University's ability to accomplish the project objectives or in any way adversely affect the conduct of the project.</li> </ul>							
By signing below, I indicate my approval of the itemized cost list. I further acknowledge that the Department will be responsible for payment of any costs incurred in the event an award is not made.							
Principal Investigator: Department	Chair:						
Data		Doto					
Date		Date					
Institutional Approval:							
Office of Research Affairs		Date					