

The UNIVERSITY of OKLAHOMA

Research Financial Services

Advance Account Authorization Form

Sponsoring Agency:

Agency award number:

Anticipated award period Start date:

End date:

Project title:

Principal Investigator:

Department:

Estimated award amount:

Type of award: New Renewal Continuation Existing

Previous project number, if applicable:

How much funding are you requesting and why?

What information do you have to confirm your award (explain or attach)?

STATEMENT OF RESPONSIBILITY

We request that an advance project number be opened/accessed for the project described above. There is reasonable certainty that an award will be received from the identified agency with an effective date that will cover charges to be made to this project number. If such an award is not received, the OU college / department will be responsible for providing funding to be used to cover any charges.

Principal Investigator (PI) signature

Date

Department Chair signature

Date

Please scan form to:

refsinfo@ou.edu

For internal use only

Project Number Assigned

Sponsored Programs Coordinator

Date