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**