

UNIVERSITY OF HAWAII
Office of Research Services

PRIOR APPROVAL FORM

Principal Investigator : _____

Funding Agency _____ Award No. _____

Current Budget Period _____ Budget Period Affected _____

Type of Award: Choose one...

Nature of action requested:

Budget line-items to be changed:

From: _____ To: _____ Amount: _____

From: _____ To: _____ Amount: _____

From: _____ To: _____ Amount: _____

Justification:

Principal Investigator Signature Date Fiscal Officer Signature Date

Approved: _____
Date

Office of Research Services

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