

Request for Advanced Spending (RAS)

(in advance of receipt of award)

Project Information			
PI/PD:		Dept/Div:	
Project Title:			
Sponsor:		Prime Sponsor (if incoming Sub-award):	
Anticipated Award Status: New Non-Competing Continuation Competitive Renewal			
If award is a renev	val, provide CHLA Project #:		
Proposed Budget Period Start Date:		Proposed Budget Period End Date:	
Funding	Total Funds Expected (\$):	Requested Advance Funding (\$):	
Direct Costs			
Indirect Costs			
Total Costs			
Requested Spending Start Date:		Requested Spending End Date:	
Justification (support documents evidencing sponsor's intent to fund must be attached):			
Review and Approvals			
The PI/Division/Department will provide unrestricted funding¹via the project identified below to reimburse any advance spending related to this award in the event that the award is not received by CHLA, the award is less than incurred expenses, costs incurred are unallowable, and/or any expenses were incurred outside the awarded period of performance.			
¹ Unrestricted Project #:			
Print Name Principal Investigator Signature		iignature Date	
Print Name Dept/	Div Administrator	ignature Date	
Print Name Dept/I	Div Chief S	ignature Date	
TSRI Office Use Only Approved Denied Justification:			
Print Name Post-A	ward and Research Finance	ignature Date	