

REQUEST FOR ADVANCED SPENDING (RAS)
IN ADVANCE OF RECEIPT OF AWARD



| | | |
|---|-------------------------|-----------------------------|
| PI/PD: | | Phone: |
| DIV/DPT: | | Admin: |
| Sponsor: | | Prime Sponsor, if Subaward: |
| Project title: | | |
| Anticipated Award status: <input type="checkbox"/> New <input type="checkbox"/> Non-Competing Continuation <input type="checkbox"/> Competitive Renewal | | |
| If award is a renewal, provide CHLA Project Number: | | |
| Proposed Period Start: | | End: |
| Funding: | Total funds anticipated | Requested amount |
| <i>Direct Costs</i> | \$ | \$ |
| <i>Indirect Costs</i> | \$ | \$ |
| <i>Total Costs</i> | \$ | \$ |
| Requested Spending Start: | | End: |
| Justification: | | |

Review and Approvals

Division Review and Approval

The PI/Division/Department will provide unrestricted funding to reimburse any advanced 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.

_____ PI Signature

_____ Date

_____ Dept./Division Chair Name

_____ Dept./Division Chair Signature

_____ Date

TSRI Office Use Only

- Approved
- Declined

| |
|---------------|
| Justification |
|---------------|

_____ Analyst

_____ Date