

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: <input type="checkbox"/> New <input type="checkbox"/> Non-Competing Continuation <input type="checkbox"/> Competitive Renewal		
If award is a renewal, 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 funding¹ via 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.

¹Unrestricted Project #: _____

Print Name Principal Investigator	Signature	Date
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Print Name Dept/Div Administrator	Signature	Date
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Print Name Dept/Div Chief	Signature	Date
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TSRI Office Use Only Approved Denied

Justification:

Print Name Post-Award and Research Finance	Signature	Date
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