OPAS

UNIVERSITY OF ALASKA

APPROVAL REQUEST UNDER ORGANIZATIONAL PRIOR APPROVAL SYSTEM

Under the Doctrine of Expanded Authority

1. _____ _____ _____
   Proposal Number | Grant Number | Fund Number

2. _____ _____ _____
   Principal Investigator | Funding Agency | Sponsor Award Number

3. Start Date _____ End Date _____

4. Approval is required for the following actions:

   ☐ Domestic Travel ☐ Equipment Acquisition ☐ Pre-award Costs
   ☐ Foreign Travel ☐ No-cost Extension ☐ Contraction Project Effort
   ☐ Other

5. Explanation/Justification:

6. Approval will require re-budgeting? ☐ Yes, submit budget request form
   ☐ No

7. Certifications and Approvals:

   This request is consistent with the scope and objectives of the project as approved by the funding agency.

   _____
   Principal Investigator Date

   This request has been reviewed for consistency with the funding agency and UA policies and fiscal propriety and is approved.

   _____
   Fiscal Officer Date

   The programmatic & technical propriety of this request has been reviewed and approved. The action requested will result in the effective utilization of institutional resources.

   _____
   OGC Director Date