

Principal Investigator _____ Phone _____

Department _____

Funding Agency _____ Grant No. _____

Grant Expiration Date _____ OSU Index Code _____

Title _____

I request approval for the following:

Pre-Award Costs in the amount of \$ _____
Expected start date of the award is _____
Pre-award costs must be guaranteed by either a department head/chair or a dean/director. Specify who is guaranteeing the pre-award costs: _____

Pending Index in the amount of \$ _____
Expected start date of the award is _____
Costs must be guaranteed by either a department head/chair or a dean/director. Specify who is guaranteeing the costs: _____

A complete explanation of the above request is given below:

Principal Investigator Date Department Head/Chair Date

Dean/Director Date Post Award Administration Representative Date

Mailing and Contact Information:

Oregon State University,
Post-Award Administration
PO Box 1086,
Corvallis, Oregon 97339-1086
Telephone: 541-737-4711 FAX: 541-737-2069
<http://oregonstate.edu/fa/businessaffairs/postawards/opas.php>