

Request for OPAS Authorization

Date _____

PI/PD _____ Dept _____

Project Title _____

Sponsor _____ Acct. No. _____

1. Authorization Requested:

- a. **Preaward Cost** (maximum of 90 days prior to award)
 Amount Requested \$ _____ Beginning Date _____
 Unit(s) Responsible for Preaward Costs _____

- b. **No Cost Time Extension** (12 most or less)
 (AFOSR does not allow approval of time extensions via OPAS)
 Extended for _____ mos. Extended to _____
 mo./day/yr.

- c. **Budget Revision** or **Carryover Of Funds**

	FROM		TO	
Category		Amount	Category	Amount
_____		\$ _____	_____	\$ _____
_____		\$ _____	_____	\$ _____
_____		\$ _____	_____	\$ _____
_____		\$ _____	_____	\$ _____
_____		\$ _____	_____	\$ _____
_____		\$ _____	_____	\$ _____
	TOTAL	\$ _____		\$ _____

(Note: If change affects facilities & admin. costs, adjustment should be made at this time.)

2. Detailed Justification

Principal Investigator

Department Head

Director of Experiment Station

Dean

Assistant Vice Provost for Research