

Request for OPAS Authorization

PI/PD _____ Dept _____ Date _____
 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 mos. 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 and administration costs, adjustment should be made at this time.)

2. Detailed Justification:

Principal Investigator

Department Head

Director of Experiment Station

Dean

Assistant Vice President for Research