



Request for Authorization to Spend (RAS)

Complete and submit this form to awards@research.ucla.edu to request approval to spend funds prior to the receipt and/or full execution of a sponsored award. By signing this form, a UCLA Chair, Department Head, or Dean agrees to assume any financial liability should the award not be made, or any expenditures be disallowed. Departments are responsible for monitoring expenditures and end dates on RAS accounts and for spending in excess of the approved budget. An updated RAS is required for end date extensions and budget increases.

Date Submitted: _____

A. Project Information

Sponsor:	
Prime Sponsor (if applicable):	
Salary Cap Applies: (Check)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Project Title:	
Sponsor Award Number (if available):	
Request Associated with a Transfer-in Award:	<input type="checkbox"/> Yes <input type="checkbox"/> No

B. Principal Investigator Information

PI Name:	
PI E-mail Address:	

C. Department Information

Department Name and FS Code:	
Contact Name and Phone Number:	
Contact E-mail:	
Applicable Account Number and Cost Center:	

D. RAS Budget Information and Dates*

RAS Begin Date:	
RAS End Date:	
Proposed Amount of Advance Spending**:	

*Not to exceed 6 months. **Not to exceed amount of anticipated award. For a multi-year award, not to exceed the funding anticipated for Year 1.

E. Unrestricted Funding Source to cover any potential losses incurred as a result of approval of this RAS and to incur and account for costs before an award is fully executed by OCGA

Account-Cost Center-Fund-Project:	
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F. Programmatic Explanation

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G. Required Signatures:

By signing below, the PI agrees to limit expenditures to the amount and period indicated in section D.

Signature of PI _____	Date _____
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*By signing below, (check one) the **Chair** **Department Head** **Dean** agrees to cover advance expenditures should the award not be made, or the expenditures be disallowed. **Departments are responsible for monitoring RAS accounts and are responsible for any expenses charged in excess of budget.***

Signature of Chair, Department Head or Dean _____	Date _____
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For OCGA Internal Use Only:

E-Verify Applies:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sponsor-Approved Project Start Date is Prior to or Matches the requested RAS Begin Date:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anticipated Award Payment Basis:	