

University Prior Approval System (UPAS)

Use this form for Federal grants only and see reference sheet for eligible actions. Please complete this form, print it, have it signed appropriately, and hand it off to your SPA representative

General Information



Principal Investigator:	Today's date:
Sponsor name:	
Sponsor award #:	Current budget period From: To:
Harvard account #:	

Type of Approval

<p>Pre-award expenditures – create new account</p> <p>Pre-award period: From: To:</p> <p>Direct cost amount to be spent: \$</p> <p>Associated indirect cost: \$</p>	<p>No-cost extension</p> <p>Proposed new end date:</p> <p>Approximate balance remaining: \$</p> <p><i>Explain reason for availability of funds below.</i></p>
<p>Equipment – not required for change of model, vendor or price change of 25% or less on previously approved items</p> <p>Purchase price: \$</p> <p>Vendor:</p>	<p>Travel Foreign</p> <p>Name of traveler(s):</p> <p>Destination:</p> <p>Dates of trip: From To</p> <p>Estimated cost: \$</p>
<p>Subcontract – <i>Use explanation area below to indicate the scope of work; attach a budget and appropriate documentation from subcontracting institution.</i></p>	<p>Other – <i>Use explanation area below to describe.</i></p>

Program/Scientific Explanation

This field is required. Please state how the proposed action relates specifically to the research supported by this grant. Attach appropriate supporting documentation.

Rebudget Revision yes no

If the proposed action requires the transfer of funds between object codes, indicate transfer categories, with object codes in parentheses. If not all categories bear F&A (indirect) costs, also indicate any indirect cost amounts to be transferred.

\$	From	Object:	To	Object:	\$	From	Object:	To	Object:
\$	From	Object:	To	Object:	\$	From	Object:	To	Object:
\$	From	Object:	To	Object:	\$	From	Object:	To	Object:
\$	From	Object:	To	Object:	\$	From	Object:	To	Object:

Certifications and Approvals

Principal Investigator/Project Director	Date	Dean Designee	Date
Department Chair/Designee*	Date	Office for Sponsored Programs	Date

*This signature commits department to take financial responsibility for the proposed action.