



Office of Research Administration and Advancement
ADVANCED ACCOUNT NUMBER AUTHORIZATION (AANA)

Please complete this form, including signatures by Principal Investigator (PI) and Lab Director. Send the completed and signed copy to ORAA via email to oraa@umces.edu.

Lab Name _____

Request for

- An advance account number
- Pre-Award Costs
- Lifting the end date of an existing project in anticipation of receipt of a formal end date extension or continuation by the sponsoring agency

Project Title _____

Proposal Number _____

Project Number _____

Principal Investigator _____

Sponsor _____

Requested Start Date _____

or Request to lift end date of existing project

Expected Value of Award \$ _____

Requested Expense Authorization \$ _____ (to be monitored by Lab)

Person at sponsor to contact for information (if known)

Name/Title _____

Telephone _____

Email _____

Fax _____

We hereby authorize ORAA to initiate action to assign or continue an account number to be used for incurring cost for the above project.

This authorization commits the laboratory or unit to reimburse central accounts for any deficit that might result if an appropriate award or amendment is not forthcoming or for any unallowable costs incurred if the pre-award cost period exceeds sponsor rules.

Signatures

Principal Investigator

Date _____

Lab Director (or designee)

Date _____

APPROVED BY ORAA:

Date _____