



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](mailto: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. Lift end date to: \_\_\_\_\_

Expected Value of Award \$ \_\_\_\_\_

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

Lab Account#: \_\_\_\_\_

Guarantor account to be used in case the award is not fully executed by the Sponsor.

Person at sponsor to contact for information (if known)

Name/Title \_\_\_\_\_

Telephone \_\_\_\_\_

Email \_\_\_\_\_

Fax \_\_\_\_\_

**Please include with this request any documentation from sponsor that the award is pending.**

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.

Principal Investigator \_\_\_\_\_

Date \_\_\_\_\_

Lab Director (or designee) \_\_\_\_\_

Date \_\_\_\_\_

UMCES ORAA \_\_\_\_\_

Date \_\_\_\_\_