

# Office of Research

## Interim Research Account (IRA) Authorization Form

PRINCIPAL INVESTIGATOR (PI): \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PROJECT SPONSOR: \_\_\_\_\_

ANTICIPATED AGREEMENT  
FINALIZATION DATE: \_\_\_\_\_

REQUESTED START  
DATE OF IRA: \_\_\_\_\_

IRA BUDGET REQUESTED: \$ \_\_\_\_\_

ANTICIPATED EXPENSES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR REQUEST: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ALTERNATE SOURCE OF FUNDS  
IN THE EVENT OF A DEFICIT: \_\_\_\_\_  
\_\_\_\_\_

An account number for this project will be assigned prior to a signed sponsor agreement on the condition that the PI guarantees that all expenses are eligible, all required certifications have been secured and that all expenses incurred will be funded from other sources should the project fail to proceed for any reason.

### AGREED:

\_\_\_\_\_  
Principal Investigator, Name                      Signature                      Date

\_\_\_\_\_  
Department Chair/Director, Name                      Signature                      Date

\_\_\_\_\_  
Dean, Name                      Signature                      Date

\_\_\_\_\_  
Office of Research, Name                      Signature                      Date