

Office of Research
Interim Research Account (IRA) Authorization Form

PRINCIPAL INVESTIGATOR (PI):

DEPARTMENT:

PROJECT TITLE:

PROJECT SPONSOR:

ANTICIPATED DATE AGREEMENT(S) SECURED:

REQUESTED START DATE OF IRA:

IRA BUDGET REQUESTED:

ANTICIPATED EXPENSES:

REASON FOR REQUEST:

ALTERNATE SOURCE OF FUNDS IN THE EVENT OF A DEFICIT (List work order number(s)):

By signing below, it is confirmed that the work order(s) of the alternate source of funds listed above have adequate funds to cover the IRA budget requested *and the funds will remain encumbered* until the award agreement(s) are fully executed.

A work order 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, all research security concerns identified by the Office of Research have been satisfactorily mitigated, and that all expenses incurred will be funded from the sources listed above should the project fail to proceed for any reason.

AGREED:

PI Name:

Signature:

Date:

Chair/Director Name:

Signature:

Date:

Dean Name:

Signature:

Date:

Office of Research Name:

Signature:

Date: