

# UIC

**Office of Business & Financial Services**  
**Department of Grants & Contracts**  
 809 South Marshfield Ave, 5<sup>th</sup> Flr (M/C 551)  
 Chicago, Illinois 60612  
 Send to Grants & Contracts; DO NOT FAX

## ***Institutional / Organizational Prior Approval Systems (IPAS/OPAS)***

Request for review and approval of an action relating to a Sponsored Project

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

Banner Grant Code (1 letter and 4 digits): \_\_\_\_\_

C-FOP for this action: \_\_\_\_\_

Budget Period: \_\_\_\_\_ to \_\_\_\_\_

Sponsor's Award ID Number: \_\_\_\_\_

Sponsor Name or Sponsor ID: \_\_\_\_\_

Project Period: \_\_\_\_\_ to \_\_\_\_\_

**Action Requested (check one):**

- \_\_\_ Request for rebudgeting\* – indicate amounts and expense category names and account codes below.
- \_\_\_ Request for University Prior Approval\*\*– no-cost extension, etc. Provide justification.
- \_\_\_ Endorsement of correspondence\*\*\* TO a sponsor.

\* *Redistribution of current budget:* Same account code cannot be repeated on both sides. If changes to subcontract budgets, list names and dollar amounts for ALL current and planned subcontracts ITD to current budget year.

\*\* *University Prior Approval:* Subject to sponsor terms and conditions.

\*\*\* *Correspondence:* Enclose original signed by PI. Include add'l signature block for Vice Chancellor for Research.

**Explanation/Justification for Request (or attach a separate memo):**

<u>Category</u>	<u>Account Code</u>	<u>INCREASE</u>	<u>Category</u>	<u>Account Code</u>	<u>DECREASE</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
Total:		_____	Total:		_____

***Increases MUST equal decreases.***

Indirect Cost rate for this fund: \_\_\_\_\_ Tuition Remission rate for this fund: \_\_\_\_\_

**Approvals:**

	<i>Print Name</i>	<i>Signature</i>	<i>Phone</i>	<i>Date</i>
Dept. Acctg Contact:	_____	_____	_____	_____
Principal Investigator:	_____	_____	_____	_____
Dept. Head:	_____	_____	_____	_____