

# PURDUE PRIOR APPROVAL REQUEST

Date: \_\_\_\_\_

This form is to be used to request approval based on prior approval authorities given to grantees as detailed on your award documentation and on the SPS Web site at [http://www.purdue.edu/Research/SPSOffice/html/award\\_mgmt.html](http://www.purdue.edu/Research/SPSOffice/html/award_mgmt.html)

1. Agency: ( check one ) NASA ☐ NIH ☐ NSF ☐ USDA ☐ DE ☐ Other ☐ \_\_\_\_\_

2. Principal Investigator: \_\_\_\_\_

3. Department Name \_\_\_\_\_

4. Grant Number: \_\_\_\_\_

5. Purdue Account Number \_\_\_\_\_

6. Requested Action:

\_\_\_\_\_ *No-Cost Extension*  
Estimated Total Cost Balance  
at Current Expiration: \_\_\_\_\_  
Length of Extension: \_\_\_\_\_  
New End Date: \_\_\_\_\_

\_\_\_\_\_ *Other*

\_\_\_\_\_ *Foreign Travel* \* (not requested in original proposal)

Destination: \_\_\_\_\_

Dates of Travel: \_\_\_\_\_

Total Amount of Trip: \$ \_\_\_\_\_ -

\_\_\_\_\_ *Capital Equipment* \* (not requested in original proposal)

Total Amount \$ \_\_\_\_\_ -

7. **Explanation/Justification:** Include the scientific rationale and the impact of the requested action on the project budget. Requests for no-cost extensions should explain why the project completion was delayed and how any budget balance will be expensed during the extension period. Requests for foreign travel should state how the trip will benefit the project. Requests for the purchase of Capital Equipment should list each item separately with cost, source of funds if other funds are being used, and how the stated equipment will benefit the project. (Attach additional sheet if necessary)

8. \* If rebudgeting is required for these items, please list which budget categories should be reduced.

Budget Categories:	Amount:	Budget Categories:	Amount:	Total:
_____	_____ -	_____	_____ -	\$ _____ -
_____	_____ -	_____	_____ -	
_____	_____ -	_____	_____ -	

9. Approvals:

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

\_\_\_\_\_  
Department Head

\_\_\_\_\_  
Business Office

\_\_\_\_\_  
Approved:  
Sponsored Program Services

\_\_\_\_\_  
Dean (If Signature Authority  
not Delegated)