

UNIVERSITY OF HAWAII
Office of Research Services
Prior Approval Form

REV Aug 2012

Principal Investigator _____

Funding Agency _____

Award Number _____

Current Budget Period _____

Type of Action: I) Rebudget

II) No-Cost Extension

III) Other (describe in box below)

IV) Preaward Costs (For PHS-funded projects, Investigator (including any Key Personnel) must have completed ORS FCOI training prior to incurring such expenditures)

Description and Justification for Request:

I) Budget line-item(s) change(s)

Budget Period Affected _____

From: _____ To: _____ Amount: _____

From: _____ To: _____ Amount: _____

From: _____ To: _____ Amount: _____

From: _____ To: _____ Amount: _____

II) No-Cost Extension

Indicate extension period From: _____ To: _____

Principal Investigator Signature _____ Date _____

Fiscal Administrator Signature _____ Date _____

Approved _____ Date _____
Darcie Yoshinaga
Interim Director, Office of Research Services