

Use this form to request approval to spend funds prior to the receipt and/or full execution of a sponsored award.

A RAS provides a fund number to incur and account for costs before an award is fully executed by OCGA.

This request requires a fiscally responsible party, as evidenced by a signature below, to assume any financial liability should the award not be made, or any expenditures be disallowed.

PI Name: PI E-mail Address: C. Department Information Department Name and FS Code: Contact Name and Phone Number: Contact E-mail: Applicable Account Number and Cost Center:	Date Submitted:		
Prime Funding Agency (if applicable): Salary Cap Applies? (see link below)	A. Project Information		
Salary Cap Applies? (see link below)	Funding Agency:		
https://portal.research.ucla.edu/SalaryCap/SalaryCap/SalaryCapPate.aspx#tagSponsorsSubjectToSalaryCapP Award Title: Sponsor Award Number (if available): B. Principal Investigator Information PI Name: PI E-mail Address: C. Department Information Department Name and FS Code: Contact Name and Phone Number: Contact E-mail: Applicable Account Number and Cost Center: D. RAS Amount* and Dates** RAS Begin Date: RAS End Date: Proposed Amount of Advance Spending: *Not to exceed \$50,000. **Not to exceed 6 months. E. Unrestricted Funding Source to cover any potential losses incurred as a result of approval of this RAS Account-Cost Center-Fund-Project:	Prime Funding Agency (if applicable):		
Award Title: Sponsor Award Number (if available): B. Principal Investigator Information PI Name: PI E-mail Address: C. Department Information Department Name and FS Code: Contact Name and Phone Number: Contact E-mail: Applicable Account Number and Cost Center: D. RAS Amount* and Dates** RAS Begin Date: RAS End Date: Proposed Amount of Advance Spending: *Not to exceed \$50,000. **Not to exceed 6 months. E. Unrestricted Funding Source to cover any potential losses incurred as a result of approval of this RAS Account-Cost Center-Fund-Project:	Salary Cap Applies? (see link below)	☐ Yes ☐ No	
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RAS Begin Date: RAS End Date: Proposed Amount of Advance Spending: *Not to exceed \$50,000. **Not to exceed 6 months. E. Unrestricted Funding Source to cover any potential losses incurred as a result of approval of this RAS Account-Cost Center-Fund-Project:	Applicable Account Number and Cost Center:		
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Account-Cost Center-Fund-Project:	*Not to exceed \$50,000. **Not to exceed 6 months.		
Account-Cost Center-Fund-Project:	E. Unrestricted Funding Source to cover any po	otential losses incurred as a result of approval of this RAS	
F. Programmatic Explantion			
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	F. Programmatic Explantion		
C. Descrived Signatures:	G. Required Signatures:		
By signing below, the PI agrees to limit expenditures to the amount and period indicated in section D.		ures to the amount and period indicated in section D	
by signing below, the 11 agrees to innit experialtares to the amount and period maleuted in section 2.	by signing below, the Fragress to mint superior	ares to the amount and period maleated in section 5.	
Signature of PI Date	Signature of PI	Date	
By signing below, (check one) the Chair Department Head Dean agrees to cover advance expenditures should	_		
the award not be made, or the expenditures be disallowed.			

Signature of Chair, Department Head or Dean	 Date