



GEORGIA STATE UNIVERSITY

OFFICE OF RESEARCH AND SPONSORED PROGRAMS

Request for Approval under Institutional Prior Approval System

Project Number:		ORSP Use:	
Principal Investigator:		Department:	
Project Title:			
Sponsor:			
EQUIPMENT ACQUISITION			
Type and Cost of Equipment:		Description and Justification for Equipment:	
NO-COST EXTENSION			
End Date Requested:			
Description and Justification for Proposed Action:			
CHECK ONE: PRE-AWARD <input type="checkbox"/> or ADVANCE ACCOUNT <input type="checkbox"/>			
Effective Date:		Anticipated Date of Award:	Total Costs:
Description and Justification for Proposed Action:			
Signature of Department Chair below guarantees that all costs incurred will be covered by department if award is not received			
REBUDGETING			
	Original	New	Description and Justification for Proposed Action:
<i>Salaries and Wages</i>			
<i>Fringe Benefits</i>			
<i>Consultant Costs</i>			
<i>Equipment</i>			
<i>Supplies</i>			
<i>Travel</i>			
<i>Patient Care</i>			
<i>Alterations/Renovations</i>			
<i>Subcontracts</i>			
<i>Other Costs</i>			
Total Direct Costs			
F&A (00.00%MTDC)			
Total Sponsored Funding			
CERTIFICATION AND APPROVALS			
I hereby certify that the proposed action is consistent with the grant terms and conditions and all applicable GSU policies.			
<i>Please sign and date</i>			
Principal Investigator		ORSP	
Department Chair		Grants and Contracts	
Dean			