

**OPAS**  
**UNIVERSITY OF ALASKA**  
**APPROVAL REQUEST UNDER ORGANIZATIONAL PRIOR APPROVAL SYSTEM**  
Under the Doctrine of Expanded Authority

1. \_\_\_\_\_  
Award Number                      Grant Code                      Fund Number

2. \_\_\_\_\_  
Principal Investigator              Funding Agency              Department Verification

3. Current End Date \_\_\_\_\_ Requesting End Date \_\_\_\_\_

4. Approval is required for the following actions:

- Domestic Travel       Equipment Acquisition       Pre-award Costs
- Foreign Travel       No-cost Time Extension       Contraction Project Effort
- Other

5. Explanation/Justification:

6. Approval will require rebudgeting?     Yes, submit budget request form  
 No

7. Certifications and Approvals:

This request is consistent with the scope and objectives of the project as approved by the funding agency.

This request has been reviewed for consistency with the funding agency and UA policies and fiscal propriety and is approved.

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

\_\_\_\_\_  
Fiscal Officer                      Date

The programmatic & technical propriety of this request has been reviewed and approved. The action requested will result in the effective utilization of institutional resources.

\_\_\_\_\_  
Grant & Contract Coordinator      Date

\_\_\_\_\_  
Director                      Date

\_\_\_\_\_  
Controller                      Date

