

# Kansas State University

## Expanded Authorities Authorization Request Form

This form establishes pre-spending authorizations prior to official start dates listed in award notices. This applies ONLY to federally funded programs, and certain restrictions apply. The expanded authority process is also used to request no-cost time extensions, budget revisions, and to solicit approval of carryover funds for federally funded programs.

PI: \_\_\_\_\_ Dept: \_\_\_\_\_

Project Title: \_\_\_\_\_

Sponsor: \_\_\_\_\_

Cayuse SP Project Number: \_\_\_\_\_ Oracle FIS Award Number: \_\_\_\_\_

### Authorization Request:

**PreAward Cost** (maximum of 90 days prior to award)

Beginning Date: \_\_\_\_\_ Unit Responsible for PreAward Costs: \_\_\_\_\_

**No Cost Time Extension** (12 months or less)

Extended End Date: \_\_\_\_\_

### Budget Revision OR Carryover of Funds

FROM		TO	
Category	Amount	Category	Amount
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
_____	\$ _____	_____	\$ _____
TOTAL	\$ _____	_____	\$ _____

### Detailed Justification:

\_\_\_\_\_  
(Principal Investigator Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Department Head Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Dean/Director Signature)

\_\_\_\_\_  
(Date)