

ORGANIZATIONAL PRIOR APPROVAL SYSTEM FORM (OPAS)



IMPORTANT: This form must accompany any request for expenditure that requires SDSM&T prior approval.

SDSM&T Account No.: _____ Grant/Contract No.: _____

Principal Investigator: _____ Dept: _____ PI Phone No.: _____

Requested Action:

- | | | |
|---|--|--|
| <input type="checkbox"/> Domestic Travel | <input type="checkbox"/> Equipment Acquisition | <input type="checkbox"/> Subcontracting Project Effort |
| <input type="checkbox"/> Foreign Travel | <input type="checkbox"/> No-Cost Time Extension from _____ | to _____ |
| <input type="checkbox"/> Technical Consultant | <input type="checkbox"/> Pre-Award Costs | <input type="checkbox"/> Other (specify below) |

Justification (How is this action necessary to the project?):

(Continue on separate page if necessary)

If rebudgeting is required, list amounts (ROUNDED TO NEAREST DOLLAR) and budget categories affected.

	<u>INCREASE</u>	<u>DECREASE</u>
1. SALARIES	\$ _____	\$ _____
2. EMPLOYEE BENEFITS	_____	_____
3. DOMESTIC TRAVEL	_____	_____
4. FOREIGN TRAVEL	_____	_____
5. SUBCONTRACTS	_____	_____
6. ON CAMPUS LAB SERVICES	_____	_____
7. PUBLICATIONS	_____	_____
8. OTHER CONTRACTUAL SERVICES	_____	_____
9. SUPPLIES AND MATERIALS	_____	_____
10. TUITION REMISSION	_____	_____
11. FELLOWSHIPS/GRANTS/SUBSIDIES	_____	_____
12. EQUIPMENT/CAPITAL ASSETS	_____	_____
13. INDIRECT COSTS/OVERHEAD	_____	_____
TOTAL ADJUSTMENTS	\$ _____	\$ _____

This request is necessary to achieve the project objectives supported by the award and does not constitute a change in scope of work.

Requested by: _____
Principal Investigator - _____ Date _____

REVIEWER SIGNATURES

1. _____
Department Chair - _____ Date _____

2. _____
Laurie C. Anderson, Interim Vice President for Research Date _____