


**ILLINOIS INSTITUTE OF TECHNOLOGY**  
**ADVANCED EXPENDITURE AUTHORIZATION**

Date OSRP No.  
 PI/PD Academic Unit  
 Sponsor Name Sponsor No.  
 Sponsor Address  
 Pass Through Yes No Primary Sponsor Type  
 Primary Sponsor Name Pass Through  
 (Related to Pass Through) Sponsor Type  
 (as applicable)

**AUTHORIZATION RESTRICTIONS - Note: Advanced Expenditure Authorizations may not exceed 90 days**

Effective Date: Expiration Date:  
 Expenditure Ceiling:  
 Is this a revision to a prior AEA? If Yes, Original Expiration Date Original Expenditure Ceiling

**BASIS FOR AUTHORIZATION**

**CERTIFICATION OF RESPONSIBILITY:**

I understand that the award referenced above has not yet been formally issued by the sponsoring agency/ organization and accepted by IIT. I also understand that any unallowable expenses will be expensed to this non-sponsored account.

If the award is not fully excuted by both parties, I accept full responsibility for expenses made subject to the limitations set above under "Authorization Restrictions". In the event that the award is not made, I authorize the transfer of all expenses to the following non-sponsored IIT Account No.:

If sufficient funds are not available in this account, the department will be responsible for any expenses.

Please note that any such pre-award expenditures must be necessary to conduct the project and allowable under the grant/contract, if awarded.

**SIGNATURES AUTHORIZING ACCOUNT SETUP:**

Principal Investigator Date  
 Academic Unit Head Date  
 Administrative authorization signatures  
 Office of Sponsored Research and Programs Date  
 Grant and Contract Accounting Office Date  
 Other Approvals (as required) Date

Grant and Contract Accounting use only  
 Account Number Established XXXX  
 Fund Org Acct Prog