

UNIVERSITY OF HAWAII
School of Nursing & Dental Hygiene

PRIOR APPROVAL FORM

Principal Investigator _____

Funding Agency _____ Account No. _____

Current Budget Period _____ Budget Period Affected _____

Type of Award (check one): Grant Contract Cooperative Agreement

Does this award have expanded authority? Yes No

Nature of Action Requested:

Budget Line-Items to be Changed:

From: _____ To: _____ Amount: _____

From: _____ To: _____ Amount: _____

From: _____ To: _____ Amount: _____

From: _____ To: _____ Amount: _____

From: _____ To: _____ Amount: _____

Justification:

Principal Investigator Signature Date

Fiscal Officer Signature Date