



Office of Research Administration  
**ADVANCED ACCOUNT NUMBER AUTHORIZATION (AANA)**

Please complete this form, including signatures by Principal Investigator (PI) and Department Chairperson/Director of administering unit. Send the completed and signed copy to ORA via mail to your Contract Administrator, 3112 Lee Building, email to [ora@umd.edu](mailto:ora@umd.edu), or fax to 301-314-9569.

Department Name

Request for

An advance account number

Pre-Award Costs

Lifting the end date of an existing project in anticipation of receipt of a formal end date extension by the sponsoring agency

Project Title

KR Institute Proposal Number

or KFS Account Number

Principal Investigator

Sponsor

Requested Start Date for KFS account

or Request to lift end date of existing project

Expected Value of Award \$

Requested Expense Authorization \$

(to be monitored by Department)

Default account to be charged, **required**

This default account, either a DRIF ledger 2 or State ledger 1 account, will be charged to clear any deficit resulting from failure to receive award or for unallowable costs occurring outside of the period of performance authorized under the award terms.

Person at sponsor to contact for information (if known)

Name/Title

Telephone

Email

Fax

We hereby authorize the Office of Research Administration to initiate action to assign or continue an account number to be used for incurring cost for the above project.

This authorization commits the department to reimburse campus central accounts for any deficit that might result if an appropriate award or amendment is not forthcoming or for any unallowable costs incurred if the pre-award cost period exceeds sponsor rules.

**Signatures**

Principal Investigator

Date

Department Chair/Director/Unit Head or Designee

Date