

The **Account Authorization Form** should be used when a Principal Investigator would like a new account established prior to the receipt of an official award from a sponsor. The form includes a special section for establishing 6 ledger accounts for clinical trials.

It is important **that department chair understands** that in signing the form, he/she accepts full responsibility for any deficit that occurs should the award not materialize. In addition, under the section for establishing clinical trial accounts, the signature of the chair signifies two things:

- that the IRB has approved the study protocol (the date should be provided) and
- that the terms of the contract from the sponsor are agreeable to Tulane University OR that negotiations of any contract terms have been concluded and orally agreed upon by both parties, and we are simply awaiting signatures on contract documents.

The department chair should feel free to consult with a member of the Research Administration staff for guidance on the status of any clinical trial agreement prior to signing the **Account Authorization Form**.

# Tulane

## Account Authorization Form

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**TO:** Office of Research Administration

**FROM:**

**SUBJECT:** Authorization to establish a sponsored project account

Check one:

Request to establish a 5-ledger account based on verbal confirmation of an award

Request to establish a 6-ledger account (e.g. for clinical trials) prior to receipt of funds.

The Department Chair confirms that:

- A written agreement was executed between Tulane and sponsor; or an oral agreement was reached, with a revised written agreement forthcoming
- IRB approval was obtained on the following date \_\_\_\_\_

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

**Principal Investigator:** \_\_\_\_\_ **Department:** \_\_\_\_\_

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

**Sponsor Award Number (if known):** \_\_\_\_\_

**Purpose:**            Research            Training            Clinical Trial            Other

**Expected Budget Period (Year 1):**            from \_\_\_\_\_ to \_\_\_\_\_

**\*Budget Period authorized by the Chair:** from \_\_\_\_\_ to \_\_\_\_\_

**Award Amount (Year 1):** Direct \_\_\_\_\_ Indirect \_\_\_\_\_ To Be Announced

**Indirect cost rate:** \_\_\_\_\_%

**Please establish an account number for this project for the period indicated above\*. In the event a deficit occurs as a result of the award not being received, I accept full responsibility for all expense activity on the account.**

\_\_\_\_\_  
**Department Chair**

\_\_\_\_\_  
**Date**