

COST SHARING APPROVAL FORM

FORM TO BE INCLUDED ONLY IF COST SHARING IS PROPOSED

Principal Investigator: _____

Project Title: _____

Sponsor: _____

Instructions:

1. Only include project costs NOT funded by sponsor including employee benefits and indirect costs
2. Proposed cost share budget must be itemized in detail
3. For cost shared salaries and benefits include employee name and Z#
4. College's fund and org information for funding sources must be included
5. Signatures from budget unit managers must be obtained prior to submission

PROPOSED BUDGET:

Project Cost Description	Amount	Funding Fund	Funding Org	Budget Unit Manager Name	Signature & Date

BY SIGNING THE PRINCIPAL INVESTIGATOR CERTIFIES THAT HE/SHE HAS READ AND UNDERSTOOD THE INSTITUTION'S COST SHARING PROCEDURE

APPROVAL SIGNATURES

PRINCIPAL INVESTIGATOR: _____