



Cost Sharing Identification and Approval Form

Sponsored Programs Office

Director/Investigator:	Department:
Program Title:	
Sponsor:	
Office Telephone Number:	Facsimile Number:
Email Address:	

THIS FORM MUST BE COMPLETED, SIGNED AND SUBMITTED WITH THE PROPOSAL APPROVAL FORM WHENEVER COST SHARING IS INCLUDED IN A PROPOSAL. PLEASE DESCRIBE THE SPECIFIC EXPENSE TO BE COST-SHARED AND IDENTIFY THE ACCOUNT TO BE CHARGED. INCLUDE CONTRIBUTED AND FACULTY EFFORT.

DESCRIPTION	ACCOUNT NAME	ACCOUNT NUMBER	COST SHARING	IN-KIND

TOTAL AMOUNT				

INVESTIGATOR/DIRECTOR SIGNATURE: _____ **DATE:** _____

APPROVED BY:

DEPARTMENT CHAIR SIGNATURE: _____ **DATE:** _____

DEAN/DIVISION CHAIR SIGNATURE: _____ **DATE:** _____

SPO DIRECTOR SIGNATURE: _____ **DATE:** _____

EAGRR SIGNATURE: _____ **DATE:** _____