



**COST ACCOUNTING JUSTIFICATION  
Administrative / Clerical Costs**

Principal Investigator (PI): \_\_\_\_\_

Account Number: \_\_\_\_\_

Or

Proposal OSP Number: \_\_\_\_\_

**- To Be Completed By the Principal Investigator -**

Position: \_\_\_\_\_

Name (if known): \_\_\_\_\_

Justification (How does this Position/Salary benefit the project?)

\_\_\_\_\_  
Signature: Principal Investigator Date

**- To Be Completed by the Dept. or Research Admin. -**

PI Email: \_\_\_\_\_

Award Name: \_\_\_\_\_

Award Period: \_\_\_\_\_

Total Amount to Be Charged to Grant: \_\_\_\_\_ (Estimate Acceptable)

% of Position's Effort to be Charged to Grant: \_\_\_\_\_ %

Period of Time Position Will Be Charged: From: \_\_\_\_\_ to: \_\_\_\_\_ # of Months: \_\_\_\_\_

Is This Position Allocated to Any Other Grants or Contracts?  YES  NO

\_\_\_\_\_  
Signature: Dept. Head/Institute Dir. Date

*College / Campus / Admin. Unit Approval*

Research Administrator or Financial Officer Review

Comments:

\_\_\_\_\_  
Date: \_\_\_\_\_

Associate Dean / VP for Research/Campus DAA

Comments:

Approve  Deny

\_\_\_\_\_  
Date: \_\_\_\_\_