



**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: _____