

**COST ACCOUNTING JUSTIFICATION  
Non-Personnel Costs**

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

 Account Number: \_\_\_\_\_  
 Or  
 Proposal OSP#: \_\_\_\_\_

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

Item Description: \_\_\_\_\_

Justification (How Does This Expenditure Benefit the Project?) \_\_\_\_\_

 Will this item benefit multiple research projects?     Yes     No

*If no, provide the 1st cost collector and amount or percentage below. Percentage would be 100%.*
*If yes, provide the cost collector and amount or percentage for each project to benefit.*

**Allocation / Distribution**

1st Account # _____	\$ _____	or	_____ %
2nd Account # _____	\$ _____	or	_____ %
3rd Account # _____	\$ _____	or	_____ %
4th Account # _____	\$ _____	or	_____ %
<b>TOTAL</b>	\$ _____	or	_____ %

Signature of Principal Investigator \_\_\_\_\_

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

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

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

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

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

If Item Has Been Purchased: Document #: \_\_\_\_\_    GL Account: \_\_\_\_\_

 Research Administrator or Financial Officer:     Approve     Deny

Comments: \_\_\_\_\_

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

**Additional Approvals (Optional)**

_____	_____	_____
Title	Signature	Date

_____	_____	_____
Title	Signature	Date