

COST SHARE FORM FOR NEW AWARD:

****To be completed prior to receiving an account number*

Acct No.: _____ (To be filled out by SPA)
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Project Director/Principal Investigator: _____

Project Title: _____

Award Period: _____

Total Cost Share Amount: _____

Source/Account No./Amount: _____

Brief Description: _____

Source/Account No./Amount: _____

Brief Description: _____

Source/Account No./Amount: _____

Brief Description: _____

Source/Account No./Amount: _____

Brief Description: _____

Source/Account No./Amount: _____

Brief Description: _____

SIGNATURES:

Project Director/Principal Investigator: _____ Date: _____

Dean: _____ Date: _____

Vice Chancellor for Research & Technology Transfer: _____ Date: _____

cc: Research & Academic Affairs

cc: Research & Technology Transfer