

VPR&ED REQUEST FOR COST SHARING

For Administrative Use Only		
File Number		
Matching Required	Yes	No
Amount Required	\$ _____	

Principal Investigator

Sponsor Deadline Date	Today's Date	Sponsor	Match Amount Requested \$	_____
Project Title: _____				
Estimated Direct Cost \$	_____	Estimated Indirect Cost \$	_____	PI's 10% Relinquished \$

Principal Investigator _____ Phone _____ Date _____				

Department

Additional Match Account #	_____	Department IDC Relinquished \$	_____
Department Chair	_____	Phone	_____
		Date	_____
		10% Additional Match \$	_____

College/School

Additional Match Account #	_____	Dean IDC Relinquished \$	_____
Dean	_____	Phone	_____
		Date	_____
		15% Additional Match \$	_____

Subtotal \$ _____

Associate Vice President for Research

Justification:	Amount of VPR Match Recommended \$	_____
AVPR	_____	Date

Vice President for Research

Match Account #	_____	Amount of Match Approved \$	_____
VPR	_____	Date	_____

Total Project Match Commitment \$ _____