



**COST ACCOUNTING JUSTIFICATION  
Administrative / Clerical Costs**

Principal Investigator (PI): \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Or  
 Proposal OSP # \_\_\_\_\_

**- 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*

|   |                  |
|---|------------------|
| <p>Research Administrator or Financial Officer Review</p> <p>_____ Date: _____</p>  | <p>Comments:</p> |
| <p>Associate Dean / VP for Research/Campus DAA</p> <p><input type="checkbox"/> Approve <input type="checkbox"/> Deny</p> <p>_____ Date: _____</p> | <p>Comments:</p> |