COST SHARE REQUEST FORM

Principal Investigator: _____

Proposal Title: _____

Funding Agency:_____

Project Start Date: / / **Project End Date:** / /

Please complete this form whenever the University is being asked to contribute any cash towards the completion of the project.

Budget Period	**1st**	**2nd**	**3rd**	**4th**	**5th**			
From	/ /	/ /	/ /	/ /	/ /			
To	/ /	/ /	/ /	/ /	/ /			
Description of Cash Contribution	**Amount ($)**	**Amount ($)**	**Amount ($)**	**Amount ($)**	**Amount ($)**	**Budget Code**	**Budget Manager Signature**	**Date**
**Indirect Cost @ % of								
TOTAL								

**** Please insert indirect cost rate and base.**

Final Approvals:

_____ and/or _____

President, Spelman College **Vice President of Business and Financial Affairs and Treasurer, Spelman College**