

FEDERAL PROJECT COST-SHARING DOCUMENTATION

NAME OF COST-SHARED EMPLOYEE _____
 (Only one record per individual)

PROPOSAL NO. _____ **OR** FUND ACCOUNT (if known) _____

FEDERAL AGENCY _____

TITLE OF PROJECT _____

COST-SHARING PERIOD _____ THROUGH _____

COST-SHARING PERCENT _____ % (Whole numbers only, no fractions)

COST-SHARING SOURCE:

PERSONNEL ACTIVITY CODE:

Fund _____

_____ A - Annual

Account _____

_____ C - Academic

Unit-Div-Dept _____

_____ X - Acad. Summer

Program _____

_____ H - Classified

<u>SFS</u> <u>ACCOUNT CODE:</u>	<u>TITLE DESCRIPTION</u>	<u>FRINGE BENEFIT</u> <u>INDICATOR</u>
_____ 1001-1005, 1051-1055	(Faculty or Academic Staff)	1
_____ 1161-1165	(Research Associate)	3
_____ 1211-1225	(Teaching, Project, Program or Graduate Assistant)	4
_____ 1231-1233	(Research Assistant)	4
_____ Other	_____	_____

REQUIRED APPROVALS

_____ Chair/Director	_____ Date	_____ Dean/Director	_____ Date
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