

Division of Occupational Therapy Cost Sharing Request Form

Name: _____ Date: _____

Project: _____ Start and End Dates: _____

Justification/Request (use additional pages if necessary)

Salaries and Wages (For Faculty – List Name and % Effort)	O/C	Amount
Faculty (9 mo academic)		
1.	11200	
2.	11200	
3.	11200	
Subtotal Academic	11200	
Faculty (3 mo summer)	11220	
1.	11220	
2.	11220	
3.	11220	
Subtotal Summer	11220	
Staff (Salaried)	11800	
Staff (Hourly)	12700	
Fringe (Dept will calculate)	13100	
RA or TA	14600	
Student Wages (Rate x hours x weeks)	14710	
Subtotal Salaries and Wages		
Materials (Itemize)	O/C	Amount
1.	15__	
2.	15__	
Subtotal Materials		
Temporary Worker (Rate x hours x weeks):	O/C	Amount
1.	15460	
2.	15460	
Subtotal Temporary Workers		
Travel (Itemize by trip)	O/C	Amount
1.	18100	
2.	18100	
Subtotal Travel		
Grand Total Cost Share		

Business Office Approved Y/N _____ FY _____