

Cost Sharing Memo

Email this form along with the internal budget and agency guidelines to Katie Pizer kpizer@bsd.uchicago.edu.
This form and all attachments should be uploaded into AURA view 18.3

Type of cost sharing: **Mandatory** **Voluntary**
From: **Phone:** **Date:**

Due date to Agency:

Title/ Description of Grant:

AURA FP ID:

Principal Investigator Name:

Department:

Funding Agency:

Direct Costs for period of cost sharing:

Indirect Costs for period of cost sharing:

Total Cost for period of cost sharing:

Proposed Cost sharing:

Scientific Reason/benefit to commit cost sharing:

Source of cost sharing funds:

Account No.

Please accept this memo as cost sharing assurance:

Section Administrator (if Applicable) Print Name:

Section Administrator Signature: .

Date Signed: .

Executive Administrator Print Name:

Executive Administrator Signature:

Date Signed: .

BSD Approved by Print Name: .

Approved by Signature:

Date Signed: .