

REQUEST FOR WAIVER AND/OR REDUCTION OF INDIRECT COSTS

Date: _____

Principal Investigator: _____

Research Unit: _____

Granting Agency: _____

	First Year	All Years
Total direct costs	_____	_____
Salary, wages, fringe benefits	_____	_____

Project Period: _____

Title of Project: _____

Budget Details:

(Please attach copy)

Present Indirect Cost Rate for your Subdivision: _____%

Waiver or Reduction Requested to: _____%

Amount of Indirect Costs (in dollars) to be Waived:

(# of years _____) All years: \$ _____

Justification: **Please attach Sponsor Policy**

Principal Investigator

Director of Research Institute