

# Tulane

## COST SHARING AUTHORIZATION FORM

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Sponsored Projects Administration will request that accounts be established for both the sponsored project and the cost-sharing commitments only upon receipt of this form. Submission of this form is required only when the cost-sharing involves direct costs, excluding tuition waivers.

### REQUESTING DEPARTMENT

Department: \_\_\_\_\_ PI: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Project for which cost-sharing has been committed: Sponsor \_\_\_\_\_

Title \_\_\_\_\_

### SOURCE OF COST SHARING FUNDS AND AUTHORIZATION:

Cost Sharing **guaranteed** by Department Chair/Dean/other (name/title): \_\_\_\_\_

Account number: \_\_\_\_\_ Authorized signature\*: \_\_\_\_\_

1<sup>st</sup> Year Amount: \_\_\_\_\_ Fund at Inception? Yes \_\_\_ No \_\_\_ If no, on what date? \_\_\_\_\_

2<sup>nd</sup> Year Amount: \_\_\_\_\_ Fund at Inception? Yes \_\_\_ No \_\_\_ If no, on what date? \_\_\_\_\_

3<sup>rd</sup> Year Amount: \_\_\_\_\_ Fund at Inception? Yes \_\_\_ No \_\_\_ If no, on what date? \_\_\_\_\_

4<sup>th</sup> Year Amount: \_\_\_\_\_ Fund at Inception? Yes \_\_\_ No \_\_\_ If no, on what date? \_\_\_\_\_

5<sup>th</sup> Year Amount: \_\_\_\_\_ Fund at Inception? Yes \_\_\_ No \_\_\_ If no, on what date? \_\_\_\_\_

Special instructions from authorized signator:

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Special instructions from authorized signator:

**\*The authorized signature(s) represents that the account number provided is valid, guarantees that funds are available to cost share toward the referenced project and certifies that the signator has signature authority on the cost-sharing funding source. In addition, the Authorized Signator understands that by signing this form, Grants and Contracts Accounting is granted authority to transfer the specified funds from the accounts listed.**

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