

GRANT BUDGET RELEASE (PLEASE TYPE)

PRINCIPAL INVESTIGATOR: \_\_\_\_\_ ACCT.# \_\_\_\_\_

GRANTING AGENCY: \_\_\_\_\_ GRANT PERIOD: \_\_\_\_\_

PROJECT TITLE: \_\_\_\_\_

SAMAS CAT.		\$ Funded by Agency	Provided by USF *	USF Matching Acct. No.
	SALARIES/WAGES/FRINGE BEN (Line)	\$ _____	\$ _____	_____
	OVERLOAD (FACULTY)	_____	_____	_____
010000	TOTAL SALARIES	<u>\$ _____</u>	<u>\$ _____</u>	_____
	SALARIES/WAGES/FRINGE BEN (OPS)	\$ _____	\$ _____	_____
	CONSULTANTS	_____	_____	_____
030000	TOTAL OPS	<u>\$ _____</u>	<u>\$ _____</u>	_____
	EXPENSES:			
	_____	\$ _____		
	_____	_____		
	_____	_____		
	_____	_____		
040000	TOTAL EXPENSES	<u>\$ _____</u>	<u>\$ _____</u>	_____
	PERMANENT EQUIPMENT - OCO:			
	_____	\$ _____		
	_____	_____		
	_____	_____		
060000	TOTAL EQUIPMENT	<u>\$ _____</u>	<u>\$ _____</u>	_____
210015	COMPUTER CHARGES	<u>\$ _____</u>	<u>\$ _____</u>	_____
	TOTAL DIRECT COSTS:	<u>\$ _____</u>	<u>\$ _____</u>	
180000	INDIRECT COSTS @ _____ % of _____	<u>\$ _____</u>	<u>\$ _____</u>	
	TOTAL COST OF THIS PROJECT	<u>\$ _____</u>	<u>\$ _____</u>	
	TOTAL PREVIOUS FUNDING: \$ _____			

SPECIAL NOTATIONS: \_\_\_\_\_

\*FACULTY RELEASE TIME (ONLY IF REQUIRED FOR AWARD)

NAME:

\_\_\_\_\_  
 NOTE: PRINCIPAL INVESTIGATOR IS AWARE OF THE CONDITIONS ON ACCEPTING THIS AWARD AND  
 AGREES TO ABIDE BY THEM.

APPROVED:

Principal Investigator (SIGN) \_\_\_\_\_  
 PI Department: \_\_\_\_\_

Sponsored Research (SIGN) \_\_\_\_\_  
 Date: \_\_\_\_\_

FINANCE & ACCOUNTING  
 DATE \_\_\_\_\_  
 DOC # \_\_\_\_\_  
 BY \_\_\_\_\_  
 VERIFIED BY \_\_\_\_\_