

INDIRECT COST DISTRIBUTION REQUEST*
University of North Alabama

1. DEPARTMENT

NAME OF DEPARTMENT _____

NAME OF PROJECT DIRECTOR (PRINCIPAL INVESTIGATOR) _____

TITLE OF GRANT _____

AMOUNT OF GRANT _____

SPONSORING AGENCY _____

ACCOUNT TO TRANSFER INDIRECT COST TO _____

2. CHECK LIST (Initials)

(Project Director/Principal Investigator) Grant is completed.

(Business Office) Grant money has been received.

(Business Office) Grant expenditures cleared.

3. BUSINESS OFFICE

Percent of Indirect Cost _____

Indirect Cost Amount _____

Indirect Cost Rebate _____

4. APPROVAL SIGNATURES

Cost Center Head _____

Director, Sponsored Programs _____

Controller _____

**Part 1 must be completed by Project Director/Principal Investigator, who must also initial where indicated in Part 2.
Cost Center Head must sign where indicated in Part 4 prior to forwarding to Office of Sponsored Programs.
Office of Sponsored Programs will then process form through Business Office.*