REQUEST FOR VARIANCE TO INDIRECT COSTS OF SPONSORED RESEARCH POLICY

Funding Source	TRAQ DSS#	
Matching Funds (if applicable)	TRAQ DSS#	
Value of Grant / Contract		
/ vdirect Cost Rate Required by University Policy K š Z ŒE š W	Requested Indirect Cost Rate %	
:ustification & Other Information	Budget Attached (required)	
Requested by: Principal Investigator		
Please note: it is the responsibility of the Principal Investig	gator to request and obtain signatures from	he
required approvers	·	
Once signed, the form must be attached Approval Signatures	to the relevant TRAQ DSS.	
Department Head		

Request Date