



## COST SHARING DISTRIBUTION SIGNATURE FORM

### PRINCIPAL INVESTIGATOR (LEAD UNIT)

Principal Investigator Name:

School/Center/Institute:

Administering Department

RAPSS FP ID:

RAPSS AWD ID:

Project End Date:

Project Start Date:

### SIGNATURES (required)

| Dean/Director<br>(Name:) | Dean Director<br>(Signature) | Administering<br>Department | Direct Cost | Indirect<br>Cost | Total Cost |
|--------------------------|------------------------------|-----------------------------|-------------|------------------|------------|
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