



**COST ACCOUNTING JUSTIFICATION  
Non-Personnel Costs**

Principal Investigator (PI): \_\_\_\_\_ Account Number: \_\_\_\_\_  
 Or  
 Proposal OSP#: \_\_\_\_\_

**- To Be Completed By the Principal Investigator -**

Item Description: \_\_\_\_\_  
 \_\_\_\_\_

Justification (How Does This Expenditure Benefit the Project?)  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Allocation / Distribution**

1st Account # _____	\$ _____	or	_____ %	<b>Total Cost: \$</b> _____
2nd Account # _____	\$ _____	or	_____ %	
3rd Account # _____	\$ _____	or	_____ %	
4th Account # _____	\$ _____	or	_____ %	
<b>TOTAL</b>	\$ _____	or	_____ %	

\_\_\_\_\_  
**Signature of Principal Investigator**  
 \_\_\_\_\_  
**Date**

**- To Be Completed by the Dept. or Research Admin. -**

PI Email: \_\_\_\_\_  
 Award Name: \_\_\_\_\_  
 Award Period: \_\_\_\_\_  
 If Item Has Been Purchased: Document #: \_\_\_\_\_ Object Code: \_\_\_\_\_

Research Administrator or Financial Officer:  Approve  Deny

Comments:

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Additional Approvals (Optional)**

_____	_____	_____
Title	Signature	Date
_____	_____	_____
Title	Signature	Date