

SUPPLEMENTAL INFORMATION ON
NON-SALARY COSTS
 TRANSFERRED TO A GOVERNMENT GRANT OR CONTRACT
 (To be attached to Journal Voucher and/or ICC)

1. SUPPLIES/EQUIPMENT/MATERIALS - DESCRIPTION
2. TRAVEL:
 - 2a. Name of Traveler _____
 - 2b. Purpose of Travel _____
3. CONSULTING:
 - 3a. Name of Consultant/Firm _____
 - 3b. Purpose of Consulting _____
4. NON-SALARY COST TRANSFERRED: AMOUNT \$ _____ -
5. INDIRECT COST RATE: _____ APPLICABLE AMOUNT: \$ _____ -
6. DATE THE NON-SALARY COST WAS INCURRED, SERVICE RENDERED, SUPPLIES RECEIVED _____
7. DATE TRANSFER MADE: _____
8. PROJECT INFORMATION

	Grant To NON-SALARY COST TRANSFERRED TO	Grant From NON-SALARY COST TRANSFERRED FROM*
8a. Agency Project Number	_____	_____
8b. Agency Name	_____	_____
8c. Type of Project (Research, Training, etc)	_____	_____
8d. Title of Project	_____	_____
8e. Budget Year of Project	_____ to _____	_____ to _____
8f. Budget Year Award Amount	_____	_____
8g. Principal Investigator	_____	_____
8h. Financial Status of Project		
(1) Before Transfer	Amt Underrun \$ _____ -	Amt Underrun \$ _____ -
	Amt Overrun \$ _____ -	Amt Overrun \$ _____ -
(2) After Transfer	Amt Underrun \$ _____ -	Amt Underrun \$ _____ -
	Amt Overrun \$ _____ -	Amt Overrun \$ _____ -