

Missouri State University – INDIRECT WAIVER FORM FOR SPONSORED PROJECTS

GENERAL INFORMATION:

1.

Project Title				
Principal Investigator / Co – P.I.	Dept/Unit	College	Phone Number	Email
Sponsoring Agency				
Project Period From:	To:			

2. **BUDGET:**

	Sponsoring Agency Funds Requested	Matching		Total \$
		Cash / In-Kind	Account # for Matching \$	
Direct Costs				
Indirect Costs				
Total Costs				

By signing the Indirect Waiver Form, parties agree to waive their distribution of indirect costs that would have been charged to above mentioned sponsored program:

APPROVALS:

REQUIRED	SIGNATURE	DATE
Principal Investigator/Project Director		
Co-P.I.		
Co-P.I.		
Co-P.I.		
Department/Unit Head/Director		
Dean/Vice President		
Director of Sponsored Research & Programs		
OTHER SIGNATURES AS APPLICABLE		
Provost		
Vice President for		
Vice President for		
President		

9. **REMARKS:** (If additional space is needed, attach a separate page.)
