

JACKSONVILLE STATE UNIVERSITY
INDIRECT COST DISTRIBUTION FORM

GRANT/CONTRACT TITLE _____

GRANT/CONTRACT _____
SPONSOR _____
GRANT/CONTRACT RECIPIENT _____

DEPARTMENT _____

TELEPHONE NO _____

INDIRECT COST DISTRIBUTION:

\$ _____ (50%) FACULTY DEVELOPMENT A/C It #1-000-20-2003-740

\$ _____ (30%) DEAN A/C #1-000-20- _____ -740

\$ _____ (20%) DEPARTMENT A/C , #1-000-10- _____ -740

APPROVAL:

GRANT/CONTRACT RECIPIENT _____
Signature: _____ Date: _____

DEPARTMENT CHAIR _____
Signature: _____ Date: _____

DEAN _____
Signature: _____ Date: _____

VICE PRESIDENT ACADEMIC AFFAIRS _____
Signature: _____ Date: _____

INDIRECT COST DISTRIBUTED:

GRANT/CONTRACT ACCOUNTING _____

DATE _____

COMPTROLLER _____

DATE _____