

**Form Must be Typed**

**Bowie State University  
Office of Research and Sponsored Programs (ORSP)  
Cost Sharing/Matching Authorization Form**

\*\*Note: Please use one form for each cost sharing/matching source\*\*

**Principal Investigator (PI) and Agency Information**

PI : \_\_\_\_\_ Department: \_\_\_\_\_  
PI Phone#: \_\_\_\_\_ E-mail: \_\_\_\_\_ Fax#: \_\_\_\_\_  
Project Title: \_\_\_\_\_  
Funding Agency: \_\_\_\_\_

**Cost Sharing Information**

Amount of Cost Sharing/Matching \$: \_\_\_\_\_ PeopleSoft Dept ID for Cost Sharing: \_\_\_\_\_  
Description: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
 Voluntary  Mandatory  
  
If this includes the time of an individual other than the PI, please complete below:  
  
\_\_\_\_\_ Sign \_\_\_\_\_ Print \_\_\_\_\_ Date

**Third Party in kind/cash contribution**

Attach signed documentation on Third-Party Contributor's letterhead

Dollar Amount: \_\_\_\_\_ Name \_\_\_\_\_ Description \_\_\_\_\_  
Dollar Amount: \_\_\_\_\_ Name \_\_\_\_\_ Description \_\_\_\_\_

The authorized signatures confirm that the Bowie State University account number(s) provided is/are valid, guarantee that funds are available to cost share toward the referenced project and verify that the signatory has signature authority on the cost-sharing funding source. In addition, the Authorized Signatory understands that by signing this form, the Controller's Office is granted authority to transfer the specified funds from the accounts listed.

_____ Sign	_____ Print	_____ Date	<b>Principal Investigator</b>
_____ Sign	_____ Print	_____ Date	<b>Department Chair/Supervisor</b>
_____ Sign	_____ Print	_____ Date	<b>Dean/Vice President</b>
_____ Sign	_____ Print	_____ Date	<b>VP for Finance and Administration</b>
_____ Sign	_____ Print	_____ Date	<b>Director of ORSP</b>

**ORSP use only:**  
Date Submitted to ORSP \_\_\_\_\_ Date Submitted to Agency: \_\_\_\_\_ Reviewed By: \_\_\_\_\_