

# FIXED-PRICE AGREEMENT BUDGET FORM

Principal Investigator \_\_\_\_\_  
Sponsoring Agency \_\_\_\_\_

Account No 30 \_\_\_\_\_  
Start/End Dates \_\_\_\_\_

## A

## B

Complete Column A and attach to Internal Approval Form  
If agreement is Fixed Price.

Complete Column B after project completion to request  
Residual balance

PROJECTED BUDGET		ACTUAL EXPENDITURES	
PERSONNEL		PERSONNEL	
		Name/Position	
PI	\$ _____	_____	\$ _____
OTHER Faculty	\$ _____	_____	\$ _____
Technician	\$ _____	_____	\$ _____
Nurse	\$ _____	_____	\$ _____
Other	\$ _____	_____	\$ _____
PATIENT CARE COSTS	\$ _____	PATIENT CARE COSTS	\$ _____
EQUIPMENT	\$ _____	EQUIPMENT	\$ _____
TRAVEL	\$ _____	TRAVEL	\$ _____
SUPPLIES	\$ _____	OTHER DIRECT COSTS	\$ _____
OTHER DIRECT COSTS	\$ _____	OTHER _____	\$ _____
TOTAL DIRECT COSTS	\$ _____	TOTAL DIRECT COSTS	\$ _____
INDIRECT COSTS	\$ _____	INDIRECT COSTS	\$ _____
TOTAL COSTS	\$ _____	EXPENDITURES ON LEDGER 4	\$ _____
PROJECTED PROGRAM SUPPORT RESIDUAL BALANCE (explain reason for residual on reverse)	\$ _____	ACTUAL CASH RECEIVED	\$ _____
TOTAL FUNDING FROM SPONSOR	\$ _____	\$ NEEDED FOR FULL INDIRECT	\$ _____
		T ACTUAL RESIDUAL BALANCE	\$ _____
		_____ % x _____ =	\$ _____
		Rate                      Base	Full Indirect
		Human Clinical Studies ONLY - If Other accounts were used to support this project, provide account #, source of funds and type of expenditure on an attachment.	

### CERTIFICATION

\*\*\*\*\*SIGNATURE REQUIRED AFTER PROJECT COMPLETION TO REQUEST RESIDUAL BALANCE\*\*\*\*\*

The Undersigned certifies that total direct and indirect costs have been properly charged to the above account (s).

PI \_\_\_\_\_

Date \_\_\_\_\_

The Office of Sponsored Projects Administration (OSPA) has reviewed the expenditures charged to the above account(s) for reasonableness in terms of the requirements of the project agreement and the estimated budget.

OSPA \_\_\_\_\_ Date \_\_\_\_\_

Transfer \$ \_\_\_\_\_ Residual to 10 \_\_\_\_\_ Charge \$ \_\_\_\_\_ indirect