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**DIRECT COST REVIEW-JUSTIFICATION:**

**PLEASE COMPLETE THIS FORM FOR JUSTIFICATION OF QUESTIONABLE DIRECT COSTS**

*Provide the information below, plus any related attachments (copy of receipt, quote, etc).*

RESET

**Department:**

**PI Name(Please Type or Print):**

**Please review the following questions before proceeding:**

- 1) Can the cost be specifically identified with a particular award with relative ease and accuracy?
- 2) Does the cost provide a direct benefit to the award/grant?
- 3) Is the cost allowable in accordance with all applicable regulations, terms, conditions, policies, and procedures?
- 4) Would you require this cost/expense if you did not have or receive the grant/award in question?
- 5) If the direct cost is salary, is the employee's role directly related to the sponsored project's scope of work?
- 6) Please visit the Sponsored Program Website for additional guidance  
[www.spa.wayne.edu/docs/allowable\\_direct\\_cost\\_policy\\_final4.pdf](http://www.spa.wayne.edu/docs/allowable_direct_cost_policy_final4.pdf)

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**Provide applicable information:**

**Proposal:**                      **eProp/Coeus Number:**

**Grant:**                      **Index Number:**                      **Fund Number:**

**Document Number (if applicable [i.e. PO, SPA, TE, IRB, PP, etc.]) or Employee Name (Question 5):**

**Project Title and Granting Agency:**

**Expense Description:**

**Expense Justification (please detail the relation of this expense to the grant):**

**Requestor/PI Signature and Date:**

**SPA Signature and Date:**