

Indirect Cost Recovery Distribution Form

| PI/Co-PI Share | | Department Share | | College Share | |
|-----------------------|---|-----------------------|---|-----------------------|---|
| PI Name | % | Dept | % | College | % |
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| | | | | | |
| Total Must Equal 100% | | Total Must Equal 100% | | Total Must Equal 100% | |

Cayuse Proposal #:

Principal Investigator:

- This form must be provided for each award that includes indirect costs as part of its budget.
- Enter each Principal Investigator, Department, and College that will share in the indirect cost recovery distribution.
- Ensure each column totals 100%.
- Please upload this form as an attachment to the corresponding Cayuse proposal

- OR -

- Submit to your SPA Grant & Contract Officer at the time of award establishment

****** If additional lines are needed, please [include this form](#).