

# Indirect Cost Waiver Request

**Include this request as an attachment to your Cayuse SP proposal**

**Proposal Number**

**Sponsor**

**Principal Investigator**

**Department**

**Proposal Title**

**Total Estimated Budget**

**Proposed ICR%**

**Total Indirect Cost Waived**

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**Explanation (what is the necessity and benefit to WSU in waiving the indirect cost):**

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**Provide budgets with and without waived indirect cost for comparison:**

**With Indirect Costs**

Total Direct Cost

Base

ICR % (decimal)

Indirect Cost

**Waived Indirect Costs**

Total Direct Cost

Base

Proposed ICR % (decimal)

Indirect Cost

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**Signatures - Approval is required for all proposals without full indirect cost unless the limitation is stated in the sponsor guidelines**

Print Name

Signature

Date

Principal Investigator

Department Chair

Dean

Sponsored Program Administration

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