



**CLAYTON STATE UNIVERSITY
OFFICE OF BUDGET & FINANCE
REQUEST FOR GRANT ACCOUNT NUMBER**

Source of Funds: Federal State Private

Project Title:

Type of Account (Function)

Research Instruction Other Specify _____

Project Director (Person Responsible for Account):

Effective Date:

Expiration Date:

Award Value: \$

Line Item Budget Distribution:

Salaries and Wages

Faculty _____

Prof/Admin _____

Casual Labor _____

Student Asst _____

Fringe Benefits _____

Travel _____

Dues and Registration _____

Supplies and Materials _____

Consultants _____

Equipment – Non Inventory _____

Equipment – Inventory _____

Other _____

Indirect Cost _____

Total _____

If Applicable: Indirect Cost Base _____

Rate _____

ACCOUNT NUMBER:

<u>FUND</u>	<u>DEPT ID</u>	<u>PROGRAM</u>	<u>CLASS</u>	<u>PROJ/GRT</u>