

RESEARCH SALARY BILLING AGREEMENT

UNIVERSITY	RESEARCH SA	LARY BILLING AGREEMENT		Version: May 2022			
Prime Institution		Non-Grantee Institution					
Institution Name:		Institution Name:					
Address:		Address:					
Prime Principal Investigator:		=	Non-Grantee Principal Investigator/Employee:				
		Key Personel					
Awarding Agency:		This Salary Billing Agreement is a: New Agreement Amendment #	Effort %				
Prime Award No.	Sponsored Non-Sponsored	Budget Period:	Salary/Compensation:				
Agreement Reference #	Assistance Listing No (CFDA):	Estimated Project Period:	Fringe	Tuition Remission			
Project Title:			Total Authori	zed Amount:			
	TERMS A	ND CONDITIONS					
portion of the Total Authorized Amou extensions are not possible, and funds 2. Work will be performed entirely at the All invoices shall be submitted using the truth and accuracy of invoice. Invoice directed to the appropriate party's Finshall be returned to the Non-Grantee 3. A final statement or invoice of cumulating days after Agreement end date.	nt remaining unspent at the end of the Pomay not be rebudgeted from the cost cate one Prime Institution. Prime Institution shall be sent no more than monthly and mancial Contact. Please reference Agreement Institution.	n-Grantee Institution may not recover F&A cost eriod of Performance cannot be carried over in gories outlined above. Ill reimburse Non-Grantee Institution not more be, but at a minimum shall include current and on less than quarterly. Questions concerning the ent Reference # on all invoices. Invoices not result be submitted to Prime Institution's Financial its principles are presently debarred, suspendany federal department or agency.	often than month cumulative expens invoice receipts or referencing the Ag	year, no-cost lly for allowable costs. le and certification as to r payments should be greement Reference # ER THAN			
Prime Institu	ution Contacts	Non-Grantee Ins	titution Contact	S			
Administrative Contact Name: Telephone: Email:		Administrative Contact Name: Telephone: Email:					
Prime Principal Investigator			Non-Grantee Principal Investigator/Employee				
Name: Telephone:		Name: Telephone:	Name: Telephone:				
Email: Email:							
Financial Contact		Financial Contact					
Name:		Name:					
Telephone: Telephone: Email: Fmail:							
Authorized Official		Email: Authorized Official					
AUDITION OFFICIAL	Date:	Date:					
Namo		Nama					
Name:		Name:					

BUDGET (OPTIONAL)

SALARY BILLING AGREEMENT BUDGET:

Individual	Key Personnel	Effective Dates	Base Salary	Effort %	No. of Months	Fringe Rate	Total

Prior approval is required for changes in status of key personnel. This is defined as withdrawal from the project, absence from the project for any
continuous period of three months or more, or reduction of time devoted to the project by 25 percent or more from the level that was approved at
the time of initial competing year award.