

RESEARCH SALARY BILLING AGREEMENT

UNIVERSITY	RESEARCH SA	ALARY BILLING AGREEMENT	Version: May 2022				
Prime Institution		Non-Grantee Institution					
Institution Name:		Institution Name:	Institution Name:				
Address:		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 Authorized Amount:				
	TERMS /	AND 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 Firshall be returned to the Non-Grantee 3. A final statement or invoice of cumulated days after Agreement end date. 4. Non-Grantee Institution certifies by sineligible or voluntarily excluded from Statement of Work:	ant remaining unspent at the end of the Firmay not be rebudgeted from the cost catche Prime Institution. Prime Institution she Non-Grantee Institution's standard invoice shall be sent no more than monthly and nancial Contact. Please reference Agreeme Institution. Give expenses incurred, marked "FINAL," make in this Agreement that neither it not om participation in this transaction by	hall reimburse Non-Grantee Institution not more pice, but at a minimum shall include current and of d no less than quarterly. Questions concerning in ment Reference # on all invoices. Invoices not remust be submitted to Prime Institution's Financial or its principles are presently debarred, suspendy any federal department or agency.	often than monthly for allowable costs. cumulative expense and certification as to invoice receipts or payments should be referencing the Agreement Reference # I Contact NOT LATER THAN ded, proposed for debarment, declared				
	ution Contacts		titution Contacts				
Administrative Contact Name: Telephone: Email:		Administrative Contact Name: Telephone: Email:	Name: Telephone:				
Prime Principal Investigator		Non-Grantee Principal Investigator/En	nployee				
Name: Telephone:		Name: Telephone:					
Email:	Email:						
Financial Contact Name:		Financial Contact Name:					
Telephone:		Telephone:	Telephone:				
Email: Email:							
Authorized Official	horized Official Date: Authorized Official Date:						
Name:		Name:					
Title:		Title:					

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.