\*Note: Federal cap level for salary reimbursement: $187,000 as of 7/15/2017.

|  |  |  |
| --- | --- | --- |
| **CCHHS Entity or Department:** |  | |
| **Title of Externally Funded Program:** |  | |
| **Funding Agency/Source:** |  | |
| **Principal Investigator:** |  | |
| **Time period of funding covered by this request:** | From: | To: |
| **Award # assigned by funding agency/source:** |  | |
| **Hektoen Institute fund #:** |  | |

**FUNDS TO BE RECOVERED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee Name** | **Base Salary\*** | **% of Salary Reimbursed from Award** | **$Salary Amount to be Recovered** | **$Fringe Benefit Amount to be Recovered** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
| **TOTAL SALARY+FRINGE** | |  | | |
| **10% to CMO Fund # 00121** | |  | | |
| **TOTAL AVAILABLE FOR RECOVERY** | |  | | |

**PLAN FOR RECOVERED FUNDS**

|  |  |
| --- | --- |
| 1. **FUNDS TO BE ALLOCATED TO CCHHS DEPARTMENTAL ACCOUNT** | |
| CCHHS Department/Entity Account # |  |
| CCHHS Budget Category | $Amount to be Credited |
| CMO Fund # 00121 |  |
| **TOTAL AMOUNT A.** | $ |

|  |  |
| --- | --- |
| 1. **FUNDS TO BE ALLOCATED TO HEKTOEN OR OTHER DEPARTMENTAL ACCOUNT** | |
| Account # | $Amount |
| Budget Category | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
|  | $ |
| **TOTAL AMOUNT B.** | $ |

|  |  |
| --- | --- |
| **CCHHS DEPARTMENTAL CHAIR/ENTITY CHAIR REQUESTOR’S SIGNATURE** | **DATE** |
|  |  |

|  |  |
| --- | --- |
| **CCHHS PRINCIPAL INVESTIGATOR SIGNATURE** | **DATE** |
|  |  |

**CCHHS APPROVALS:**

|  |  |
| --- | --- |
| **CCHHS DEPARTMENT OF FINANCE DIRECTOR/DESIGNEE SIGNATURE** | **DATE** |
|  |  |

|  |  |
| --- | --- |
| **CCHHS DEPARTMENT OF RESEARCH & REGULATORY AFFAIRS DIRECTOR SIGNATURE** | **DATE** |
|  |  |

**To the Administrative Agency: Hektoen Institute**

Please remit to the CCHHS Department of Finance. The amount shown as **TOTAL A** – which is a direct reimbursement for the time and effort devoted by the CCHHS employee(s) named on Page 1 to implementing this externally funded program or research project. The amount shown as **TOTAL B** – should be credited to the account indicated, and expended as shown in the budget for these funds.