**The University of Mississippi**

**Accounting Office**

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TO: Accounting, Falkner Hall

RE: Cost-shared graduate student tuition from Fund 10 sources

Project Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Awarding Agency \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Agency Award Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UM Grant Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

UM Cost Share Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FR: PI Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Department \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I certify the following students paid from the above mentioned project were enrolled as full-time students at the University of Mississippi. As allowed by *2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards*, tuition for these graduate students will be utilized as part of the required cost-share for this award.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Academic Term & Year | Student Name | Student ID | Personnel # | Allocable % of Grad Stdt Tuition | Cost Share Amount (to be completed by Accounting) |
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Principal Investigator Date

For Office of Accounting use only – *Accountant to Initial & Date*

Verification of payroll cost distribution percentages for academic term and year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Verification of “Grad Asst Tuition Sch” amount per student master record \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_