RESEARCH SALARY BILLING AGREEMENT

	RESEARCH SA	ALARY BILLING AGREEMENT		Version: May 2022			
Prime Institution		Non-Grantee Institution					
Institution Name:		Institution Name:					
Address:		Address:					
7.44.1.0001		Addiess.					
Prime Principal Investigator:		Non-Grantee Principal Investigato	r/Employee:				
· ····································		Key Personel	i, Employee.				
Awarding Agency:		- 	Effort %				
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	AND CONDITIONS					
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.	may not be rebudgeted from the cost cate ne Prime Institution. Prime Institution she Non-Grantee Institution's standard invoshall be sent no more than monthly and nancial Contact. Please reference Agreeme Institution. ive expenses incurred, marked "FINAL," marked "FINA	Period of Performance cannot be carried over in egories outlined above. Italial reimburse Non-Grantee Institution not more pice, but at a minimum shall include current and of no less than quarterly. Questions concerning in the ment Reference # on all invoices. Invoices not remain the submitted to Prime Institution's Financial or its principles are presently debarred, suspend any federal department or agency.	often than month cumulative expens nvoice receipts of eferencing the Ag Contact NOT LAT	ly for allowable costs. e and certification as to r payments should be greement Reference # ER THAN			
Prime Institu	ution Contacts	Non-Grantee Ins	Non-Grantee Institution Contacts				
Administrative Contact		Administrative Contact					
Name:		Name:					
Telephone: Email:		Telephone: Email:					
Dalama Dalamina Harrasatian tan		Non Country Brigain distributed For					
Prime Principal Investigator Name:		Non-Grantee Principal Investigator/Employee Name:					
Telephone:			Telephone:				
Email:		Email:					
Financial Contact		Financial Contact					
Name:		Name:					
Telephone: Telephone:							
Email:	Email:						
Authorized Official		Authorized Official					
	Date:		Date:				
Name							
Name: Title:		Name:					
TIME.		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.