



RESEARCH FOUNDATION
of The City University of New York
230 West 41st Street
New York, NY 10036-7207

Request for Reimbursement of GRA Costs

Date: \_\_\_\_\_

College: \_\_\_\_\_

We hereby request reimbursement of GRA costs incurred on our tax levy account. The attached payroll reports support these costs and identifies the RF projects that should be charged:

Salaries: \_\_\_\_\_

Fringe Benefits @ 2%: \_\_\_\_\_

Total Costs: \_\_\_\_\_

College Business Manager:

I certify that the underlying documentation concerning this claim is on file at the college and will be made available upon request of the Research Foundation and sponsor agencies.

Print Name

Signature

Date

College Grants Officer:

I certify that to the best of my knowledge the expenses herein for which payment is requested are for services performed and costs incurred pursuant to the terms of the sponsored awards.

Print Name

Signature

Date