

WASHINGTON UNIVERSITY SCHOOL OF MEDICINE  
GRANTS & CONTRACTS

**PROGRAM INCOME IDENTIFICATION  
FORM (PIIF)**

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

Please establish a Program Income Cost Sharing account and Debit account (93xxx)

\_\_\_\_\_ P.I. Of Project                      \_\_\_\_\_ Department/Division                      \_\_\_\_\_ Fund

Anticipated annual program income      \$

Description of activity generating income \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Select method per NOA:

Additional Costs                       Combination Alternative  
 Deduction                                       Matching

\_\_\_\_\_  
Authorized Departmental Signature

Once completed, submit this form to the appropriate Analyst for your department:

<input type="checkbox"/> Rob Andersson	362-6877	<input type="checkbox"/> Waliah RaKhem	362-6019
<input type="checkbox"/> Matt Carrill	362-6947	<input type="checkbox"/> Tanya Sawyer	362-6878
<input type="checkbox"/> Simge Kudakcioglu	362-6830	<input type="checkbox"/> Dyanna Vitale	747-1696
<input type="checkbox"/> Christopher Laiben	362-6879	<input type="checkbox"/> Angela Williams	362-6875
<input type="checkbox"/> Sonia Moore	362-6168		

For G&C Office use only:

93XXX fund established by Budget Office:

Profile(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_