

WASHINGTON UNIVERSITY - Hilltop Campus
RESEARCH OFFICE

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 NGA:

Additional Costs Combination Alternative
 Deduction Matching

_____ Authorized Departmental Signature _____ Authorized School Signature

Once completed, submit this form to:

Cindy Kiel, Director
Research Office
Campus Box 1054
(v) 314-935-5825
(f) 314-935-5862

For Research Office use only:

93XXX fund established by General Accounting:

Profile(s): _____

