

# RESEARCH FUNDS TRANSACTION REQUEST

## OFFICE FOR SPONSORED PROGRAMS AND TECHNOLOGY TRANSFER

(Excludes Deposits for Pharmaceutical Clinical Trials)

Account Holder: Last: \_\_\_\_\_ First: \_\_\_\_\_ Department: \_\_\_\_\_

Project Title: \_\_\_\_\_

Source of Funds: \_\_\_\_\_ Description: \_\_\_\_\_

Check Number: \_\_\_\_\_ Check Amount: \_\_\_\_\_

PeopleSoft Account Number: \_\_\_\_\_

Request to Create PeopleSoft Account

Deposit Amount \$ \_\_\_\_\_  
 Indirect Cost Rate \_\_\_\_\_% \$ \_\_\_\_\_  
 TOTAL (Deposit Amount Less IDC) \$ \_\_\_\_\_

How to obtain Indirect Cost figure from check total:  
 Example: @ 45%  
 Total Check: \$1,000  
 Total Direct Cost (TDC): \$1,000/1.45=\$689.66  
 Indirect Cost: \$689.66 x .45 = \$310.34

|          |           |
|----------|-----------|
| TDC      | \$689.66  |
| Indirect | \$310.34  |
| TOTAL    | \$1000.00 |

\*Equipment must be on the Award Notice/Contract  
 IDC does not apply to equipment

**Itemization of Direct Cost**

| <u>Category</u>                   | <u>Amount</u> |
|-----------------------------------|---------------|
| Salaries                          | \$ _____      |
| Fringe Benefits                   | \$ _____      |
| Travel                            | \$ _____      |
| Operating Services                | \$ _____      |
| Supplies                          | \$ _____      |
| Professional Services             | \$ _____      |
| Other Charges                     | \$ _____      |
| *Equipment (Per Award / Contract) | \$ _____      |

**OSPTT USE ONLY – TECH TRANSFER**

LSU Revenue 490315 \$ \_\_\_\_\_  
 LSU Liability 224013 \$ \_\_\_\_\_

**OSPTT VERIFICATION**  
 DEPOSIT: \_\_\_\_\_ CA Sent \_\_\_\_\_  
 TRANSFER: \_\_\_\_\_  
 POSTED: \_\_\_\_\_

\_\_\_\_\_  
 Department Business Manager or Departmental Authorized Signatory

\_\_\_\_\_  
 Date