

**APPENDIX 14: REQUEST FOR LOCAL SERVICE CHARGES**

**REQUEST FOR LOCAL SERVICE CHARGES  
TO 30X - 34X OR 3X3 FUNDS (except 393)  
(PAGERS, MODEM LINES, FAX LINES)**

I. COST OBJECT: \_\_\_\_\_ ORG UNIT: \_\_\_\_\_  
BEGINNING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_  
PRINCIPAL INVESTIGATOR'S NAME: \_\_\_\_\_  
TITLE OF PROJECT: \_\_\_\_\_

II. PURPOSE OF LOCAL SERVICE BEING REQUESTED  
(Please be as detailed as possible)

DEPARTMENTAL BUSINESS  
OFFICIAL SIGNATURE: \_\_\_\_\_

APPROVAL SIGNATURE: \_\_\_\_\_  
OFFICE OF GRANTS & CONTRACTS

APPROVAL SIGNATURE \_\_\_\_\_  
OFFICE OF RESEARCH SUPPORT

SPONSORED PROGRAMS APPROVAL: \_\_\_\_\_  
OFFICE OF SPONSORED PROGRAMS

PLEASE RETURN COMPLETED FORM TO THE OFFICE OF SPONSORED PROGRAMS, 705 BROAD  
STREET, ROOM 01, BOX 90491