Revised: May 23, 2022

CALIFORNIA STATE UNIVERSITY, FULLERTON Off-Campus Rate Justification Request Form

OGC#	Principal Investigator:				
Sponsor: Project Title:	1 0				
Off Campus Rate: Requested Total \$	26%	Start Date:	End Date:		
indirect cost rate is a off-campus sites, p	o completing this form, please cappropriate for your project. If the please indicate the approximate niversity consistent with where the	e project involves work of percentage of work p	or activities that are concerned at each lo	onducted at both on-campus ar	nd
which rent is directly	FINITION (per rate agreement): 'y allocated to the project (s) the of If more than 50% of a project is p	off-campus rate will apply	y. Grants or contracts	will not be subject to more that	ın
(Please note: Worki	ing from home or the use of your	home office, DOES NOT	qualify for use of the	e off-campus rate.)	
	will be conducted at the following (Note: Total should add up to 1		SUF) for the following	g project activities/tasks listed	
Percent of work	Location	Identify the nature of	work conducted at th	is facility	
PI's Signature:		Date:			
PI's Printed Name:	:				
Rationale for Off-O	Campus Rate:				
APPROVALS:					
Dean/Unit i				Date:	
	ments:				
AVP (ORSP:			Date:	
					7
Con	nments:				