



Cost Accounting Justification  
Health and Human Development Cover Sheet  
Non-Personnel Costs

Account Number of attached request: \_\_\_\_\_

Item for which exception requested: \_\_\_\_\_

Department/Center: \_\_\_\_\_

*I understand by signing this request the Department/Center accepts full responsibility for any expenses that may be disallowed.*

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

Department Head/Center Director

**\*\*Cover sheet must accompany the completed Cost Accounting Justification Form\*\***

(No proxies)