

# SUBCONTRACT INFORMATION SHEET

MU PI/Director:   
Campus Address:   
email:  Phone:

MU Dept. Contact:   
 Phone:

MU Project ID:

Project Title:

## SUBCONTRACT CONTACT INFORMATION

Subcontractee PI:

Address:

Telephone:  Fax:

email:

Legal Name of Subcontractor and Address:

Type of Organization:  Federal Tax No/EIN:

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## SUBCONTRACT BUDGET INFORMATION (Attach an annual detailed budget for the total project period)

Initial Period:  Total Project Period:

F&A Rate  
(a copy of your negotiated rate agreement must be provided)

Make checks payable & Mailed to:

## ATTACH A COMPLETE STATEMENT OF WORK TO BE PERFORMED AT YOUR SITE.

Name & Address of Subcontractor's Business Official:

Phone Number:  Fax:

email:

**For Clinical Trials, please provide the following: maximum patient enrollment, per patient amount, and, if applicable, the IRB (Institutional Review Board) fee required by the Subcontractor.**

If you have any questions, please contact Dona McKinney, Office of Sponsored Program Administration, University of Missouri-Columbia, at 573/882-9592 or via email [mckinneyd@missouri.edu](mailto:mckinneyd@missouri.edu)