External In-Kind Matching Summary Form

EXTERNAL SPONSOR MUST SUBMIT IN-KIND CERTIFICATION FORM (IK-1B) ON THEIR LETTERHEAD AND SUBMIT BOTH IK-1b AND IK-2 TO PROJECT PI

Project Name: _____

Index No.: _____ Principal Investigator: _____

Project Period: _____ Department: _____

Funding Agency: _____

Report Period for Matching Cost Items Noted Below: _____

Reminder: Proper documentation must be maintained for all items noted as "in-kind" match as they are subject to federal audit. The dollar value of these non-cash donations should be calculated at their verifiable fair-market value.

			Actual Cost Sharing		
Source of Match (external sponsor)	Category*	Budgeted Cost Sharing	This Reporting Period**	Project To Date	Cost Sharing Budget Balance
TOTAL COST SHARING					

**Category includes salaries, fringe benefits, travel, meetings/conference, publications, printing, supplies, equipment or equipment usage, equipment maintenance, other (must specify).*

***The date of the activity or purchase order must be within the project period.*