Internal In-Kind Salary Match Summary Form

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.

Names of Individuals Working on This Project for Which You Have Obtained Timesheets	Departmental Account of Faculty/Staff Providing Cost Share	# Hours Reported	Cost Sharing Total for This Period
TOTAL COST SHARING			

I hereby certify as the Principal Investigator for this project that those individuals named above worked on this project.

Signature:_____ Date:_____

**The Principal Investigator must send a copy of this form to the project bookkeeper and Grant Accounting on a monthly basis. Copies of timesheets must accompany this form.*