Internal In-Kind Matching Summary Form



Project Name:		
ndex No.:	Principal Investigator:	
Project Period:	Department:	
unding Agency:		
Report Period for Matc	hing 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 Charing		
	Γ	T	Actual Cost Sharing		
Source of Match	Category*	Budgeted Cost	This	Project	Cost Sharing
(external sponsor)		Sharing	Reporting	To Date	Budget Balance
			Period**		
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.