

## Internal In-Kind Salary Match Summary Form

Project Name:				
Index No.:	Principal Investigato	r:		
	Department:			
Funding Agency:	·			
Report Period for Matching Co	st Items Noted Belo	w:		
Reminder: Proper documentation audit. The dollar value of these no			•	
Names of Individuals Working Which You Have Obtaine		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 In				
•	•	opy of this form to the propies of timesheets must ac	•	