

Cost Sharing Certification Report

Account Number	Department	Period To Be Certified
Grant Number	Grant Period	
	Start Date	End Date
Grant Title		Proposed Cost

A. Salaries and Wages Contributed (Non-Faculty)

Employee Name	Account Number Charged	Annual Salary or Hourly Wage	Amount Paid or Number Hours	Total Amount Contributed
Total (A)				

B. Other Direct Cost Contributions

Description (List Each Item)	Account Number Charged	Voucher Number (DAV#, PO #, etc.)	\$ Amount
Total (B)			
Total Direct Cost Contribution (A+B)			

I certify that the above represents the actual contribution made from the University fund in support of this project

Project Investigators Signature	E-mail address	Phone #
Department Chair's Signature	E-mail address	Phone #