

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 Period:	Department:	Department:				
Funding Agency:						
Report Period for Matching Cost Iter	ns Noted Below:	:				
Reminder: Proper documentation must I audit. The dollar value of these non-cash						
			Actual Cost Sharing			
Source of Match	Category*	Budgeted Cost	This	Project	Cost Sharing	
(external sponsor)		Sharing	Reporting Period**	To Date	Budget Balance	

Project Name: _____ Principal Investigator: _____

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.