

## In-Kind Contribution Documentation

Remit to: (PI Name)  
Michigan Technological University  
1400 Townsend Drive  
Houghton, MI 49931-1295

RE: Michigan Tech Project #XXXXXX: " " by

Monthly/Quarterly Expenses From \_\_\_\_\_ To \_\_\_\_\_ :

Salaries and Wages:	
Professionals	\$
Technicians	\$
Clerical	\$
Students	\$
Other	\$
Fringe Benefits	\$
Materials and Supplies	\$
Miscellaneous Services	\$
Travel	\$
Equipment	\$
Other Direct Costs	\$
Indirect Costs *	\$
 Total Contribution	 \$

\* Indirect costs must be included at either your approved federally negotiated indirect cost rate or the de minimis rate of 10% of MTDC. Attach a copy of your approved federally negotiated indirect cost rate agreement.

I certify that the expenditures listed above have been incurred as matching contributions for the project specified and these expenditures meet the following criteria:

- Verifiable in our records;
- Not committed as match for any other federally-assisted project;
- Funds are not received from the Federal Government (including federal funds received from non-federal entities); and
- Incurred during the timeframe specified above.

Authorized Signature & Date: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

Company Name: \_\_\_\_\_

As principal investigator, I certify that the above expenditures:

- Are necessary and reasonable for the proper and efficient accomplishment of the specified project; and
- Are allowable under the applicable cost principles and other terms and conditions of the federal award or program.

Principal Investigator Signature & Date: \_\_\_\_\_

Please forward to Sponsored Programs Accounting