In-Kind Contribution Documentation

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

RE: Michigan Tech Project #XXXXX: “ ” 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:

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

Authorized Signature & Date: __________________________________________

Printed Name & Title: ________________________________________________

Company Name: _____________________________________________________

As principal investigator, I certify that the above expenditures:

a. Are necessary and reasonable for the proper and efficient accomplishment of the specified project; and
b. 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