

AUBURN UNIVERSITY
CERTIFICATION OF IN-KIND COST SHARING

Contract/Grant Account Number _____

Contract/Grant Account Name _____

Period Covered _____ to _____

EXPENDITURES CERTIFIED AS BEING DIRECTLY RELATED TO THE ABOVE SPONSORED PROJECT:

SALARIES AND WAGES:

Account Paid From _____

Number & Subcode	Account Name	Name of Employee	Month/Year	% of Time on Project	\$ Amount of Salary Certified
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TOTAL _____

EXPENDITURES OTHER THAN SALARIES AND WAGES:

Account Paid From _____

Number & Subcode	Account Name	Reference Number & Date	Description (e.g., <i>Supplies</i> , <i>Equipment</i>)	\$ Amount Certified
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TOTAL _____

I certify that the expenditures listed above were used for the direct benefit of the referenced sponsored project.

Signature of Project Director

Date

Signature of Department Head

Date