

1. OSU Grant/Contract Index and Title: _____

2. Sponsoring Agency and Award Number: _____

3. Period Covered by Costs: _____

4. Name of Contributor/Organization: _____

Address _____

City _____ State _____ Zip Code _____

5. Documentation of Volunteer Services:

Name	No. of Hours	Hourly Rate	Total	Initials

6. Documentation of Other Goods/Services Contributed:

Goods / Services	Amount	Market Value	Total	Initials

I certify that goods or services indicated above were donated to the referenced project in fulfillment of the agreed cost sharing contribution.

 Printed Name Title

 Signature of Contributor or Principal Investigator Date

Please send this report to:

Oregon State University
 Office for Sponsored Research and Award Administration
 312 Kerr Administration Building
 Corvallis, OR 97331
 Telephone: 541-737-4933 FAX: 541-737-3093

Please include additional sheets as necessary.