

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.