Reset

Oregon State UNIVERSITY OSU

Office of Post Award Administration

Cost Share (Matching Funds) from Outside Sources

1. OSU Grant/Contract Index and Title _____

2. Sponsoring Agency and Award No. _____

3. Period Covered by Costs _____

4. Name of Contributor/Organization _____

Address _____

City _____ State _____ Zip _____

5. Documentation of Volunteer Services:

Name	No. of Hours	Hourly Rate	Total	Initials
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	
			$0.00	

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:

Office of Post-Award Administration
Oregon State University
P. 0. Box 1086
Corvallis, OR 97339-1086
Phone: 541-737-2235 FAX: 541-737-2069

Please include additional sheets as necessary.