



CERTIFICATION OF IN-KIND COST SHARING

AS560

General Information

Name of In-Kind Contributor _____ Award ID _____

Sponsor _____ Period Covered _____

Project Title _____

Contribution Details

Description	Value of In-Kind Contribution*
Salaries	
Fringe Benefits	
Equipment	
Facility Use	
Travel	
Operating Service	
Materials & Supplies	
Other (attach detail)	
TOTAL	

*Attach supporting documentation detailing contributions.

Certification

I certify that goods or services indicated above were contributed to the referenced project in fulfillment of the committed in-kind cost sharing contributions. *Note: This form should be signed and dated by a certifying official of the contributing organization who is familiar with the sponsored project and the non-cash contributions made by the applicable organization.*

Contributor's Authorized Representative _____ Print Name _____

Title _____ Date _____

Approvals

Principal Investigator _____ Print Name _____ Date _____

Sponsored Program Accounting _____ Print Name _____ Date _____

Finance and Administration • Office of Accounting Services • Sponsored Program Accounting
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