LOUISIANA STATE UNIVERSITY

Louisiana State University
Office of Accounting Services
Sponsored Program Accounting
240 Thomas Boyd Hall

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	0.00

*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