

**CALIFORNIA POLYTECHNIC STATE UNIVERSITY FOUNDATION**  
**San Luis Obispo, California 93407**  
**SPONSORED PROGRAMS DEPARTMENT**

**COST-SHARING/CONTRIBUTION REPORT**

PERIOD COVERED: \_\_\_\_\_ TO \_\_\_\_\_

Project Title: \_\_\_\_\_ Project No. \_\_\_\_\_

Contributor Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**CONTRIBUTIONS:**

**Individual Effort:**

Name: \_\_\_\_\_ No. of Hours \_\_\_\_\_ @ \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Specify Dates: \_\_\_\_\_

**Supplies:**

<u>Description:</u>	<u>Amount:</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Supplies</b>	<b>\$ _____</b>

**Travel:**

\_\_\_\_\_ Miles private car mileage @ 26c per mile = \$ \_\_\_\_\_  
Private car license # \_\_\_\_\_  
Transportation (Specify type) \_\_\_\_\_ \$ \_\_\_\_\_  
Lodging/meals (not to exceed daily allowances) \$ \_\_\_\_\_  
Specify dates and location: \_\_\_\_\_  
**Total Travel Expenses** \$ \_\_\_\_\_

**Other Contributions:**

<u>Description:</u>	<u>Amount:</u>
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
_____	\$ _____
<b>Total Other Contributions:</b>	<b>\$ _____</b>

**TOTAL VALUE OF CONTRIBUTIONS FOR THIS PERIOD** \$ \_\_\_\_\_

I certify that the items listed above represent goods or services contributed in cash or in-kind by myself or my organization in support of the above project.

Signature of Contributor \_\_\_\_\_ Date \_\_\_\_\_

Signature of Project Director \_\_\_\_\_ Date \_\_\_\_\_ sc:7/92