

**CALIFORNIA STATE UNIVERSITY, FRESNO FOUNDATION  
COST SHARE PROJECT CONTRIBUTION REPORT**

<b>Program Title</b>	
<b>Program Director</b>	

<b>CSU Fresno Foundation #</b>	<b>Cost Share Dates:</b>
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<b>Sponsored Program Funding Agency</b>
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<b>Agency Providing Cost Share</b>	<b>Account #/ Peoplesoft account codes</b>
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<b>Type of Contribution</b>	<b>Total Value \$</b>
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1. Services (Describe):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Services: \_\_\_\_\_

Calculation: \_\_\_\_\_ hours at \$ \_\_\_\_\_ hour. 0.00

2. Travel (Purpose of Trip):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s) of Travel \_\_\_\_\_

Mileage (Personal Car): \_\_\_\_\_ miles at \$ \_\_\_\_\_ per mile. 0.00

Airfare \$ : \_\_\_\_\_ round trip ticket. 0.00

3. Office or Mtg Space:  
(Description/Purpose)

\_\_\_\_\_

\_\_\_\_\_

Date(s): \_\_\_\_\_

Total \_\_\_\_\_ hours at \$ \_\_\_\_\_ hour. 0.00

Total \_\_\_\_\_ days at \$ \_\_\_\_\_ day. 0.00

4. Equipment or Supplies: Totals

Description of Items: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Date(s): \_\_\_\_\_

Total \_\_\_\_\_ at \$ \_\_\_\_\_ 0.00

Total \_\_\_\_\_ at \$ \_\_\_\_\_ 0.00

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5. Publicity:

Total Minutes of radio/TV Time _____	at \$ _____	per minute	0.00
Total Inches of Newspaper space _____	at \$ _____		0.00

6. Other Contributions: (Include full description, dates and calculation of value.)

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<b>Total Other Contributions:</b>	0.00
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<b>Total Value</b>	0.00
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I certify that, to the best of my knowledge, the above information represents accurate project accounting of all allowable costs directly attributable and necessary for the listed project during the time period dates indicated.

<b>Is primary sponsored program a federal or federal pass-through funded program?</b>	No <input type="checkbox"/> , Yes <input type="checkbox"/>
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If yes, I also certify that cost share/match is from non-federal funding sources.

<b>Contributed By: (print name &amp; Title)</b>
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<b>Received By:</b>
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Third Party Authorized Official Signature (if applicable) & Date

Signature & Date of Recipient

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Project Director's Signature & Date

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\*Dean's Signature & Date

\*Required if cost share is from university funding