

# SJSU Research Foundation

P.O. Box 720130, San José, CA 95172-0139

Phone: (408) 924-1400 Fax: (408) 924-1496

## Time Certification for In-Kind Contribution

SJSU Research Foundation Account Number: \_\_\_\_\_

This is to certify that the following time has been contributed to the project entitled:

\_\_\_\_\_

Funded by: \_\_\_\_\_

Period Covered: \_\_\_\_\_

### Academic Appointment:

Semester	Percentage	Rate	Total Amount
	%	\$	\$
	%	\$	\$
TOTAL :	%	\$	\$

### Non-Academic Appointment:

Date											
# Hr./day											

Date											
# Hr./day											

Total Hours \_\_\_\_\_ X (Rate/Hr.) \_\_\_\_\_ = Total Amount \_\_\_\_\_

I certify that the report and distribution among activities represents a reasonable estimate of total work performed within each activity for the period.

\_\_\_\_\_  
Employee Name and Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Investigator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Sponsored Programs Manager