

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 Analyst