

COST SHARE VERIFICATION FORM

To: Project Director
 From: Lisa A. Taliaferro, Accountant Senior
 Date: Current

Subj: **COST SHARE VERIFICATION FOR ACCOUNT:** _____
PERIOD OF: _____

<u>CATEGORY</u>	<u>ACCOUNT NO.</u>	<u>AMOUNT</u>
Personnel	_____	_____
Fringe Benefits	_____	_____
Equipment	_____	_____
Travel	_____	_____
Materials and Supplies	_____	_____
Subtotal: Operating Cost	_____	_____
Administrative Cost @ _____%		_____
Cost Share Total:		\$_____

Project Director _____

 Date

Certified by:
 Supervisor _____
 Name and Title Date

I certify that the match are true and correct, are not allocated to any other program and have been incurred according to agreed terms stipulated.

Note: All support documents are retained in the departmental files of the project director and are auditable.