

# SJSU Research Foundation

One Washington Square • San Jose, CA • 95192-0139  
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**