

# Michigan Technological University

## Project Payroll Certification Document

Sponsored Project Index(es): E4XXXX E4XXXX E5XXXX E5XXXX  
 Internal Grant Number: R8XXXX Proposal Number: 010101  
 Project Title: Example Research  
 Sponsor: ABC Company  
 Principal Investigator: Doe, Joe  
 Co-Principal Investigator(s): Smith, Jane  
 Sponsor Grant/Contract Number: Contract #ABC123  
 Reporting Time Period: January 23, 2011-January 21, 2012  
 Project Anniversary Month: February  
 Date of Accounting Report: February 6, 2012  
 Department: 22400, Civil & Environmental Engineering  
 Project Start Date: February 16, 2008 Project End Date: September 30, 2014

Name	Job Title	Sponsor Share	Cost Share	Total	% of Total Compensation
Johnson, Jerry	ASSISTANT PROFESSOR		9,606.46	9,606.46	12.61
Brown, John	GRA STIPEND	9,970.84	5,888.63	15,859.47	100.00
Williams, Jamie	GRA STIPEND	653.04	15,864.55	16,517.59	100.00
Smith, Jane	PROFESSOR		5,181.50	5,181.50	7.69
Miller, Joseph	GRA STIPEND	9,957.04	5,877.33	15,834.37	100.00
Anderson, Jaclyn	PROFESSOR		39,035.43	39,035.43	31.66
Peterson, Jason	ASSISTANT PROFESSOR		9,335.72	9,335.72	14.81
Wilson, Jay	ASSOCIATE PROFESSOR		1,951.88	1,951.88	1.96
Doe, Joe	PROFESSOR		1,448.16	1,448.16	1.25
Totals		20,580.92	94,189.66	114,770.58	

I have reviewed the Project Payroll Certification Document for the above cited sponsored project including committed cost sharing, if applicable. My review of the payroll expenses was to ensure that 1) all individuals worked on this project, 2) the salary or wage charges were accurate and reasonable in relation to the work performed, and 3) the federal costing requirements as shown in the instructions were met.

I certify to the best of my knowledge and belief these salary and wage expenses have been correctly charged.

\_\_\_\_\_  
 Principal Investigator Signature                      Name Printed                      Date

\_\_\_\_\_  
 Optional Additional Signers

Certification Responsibility: \_\_\_\_\_

\_\_\_\_\_  
 Signature                      Name Printed                      Title                      Date

Certification Responsibility: \_\_\_\_\_

\_\_\_\_\_  
 Signature                      Name Printed                      Title                      Date

**Please return this form to the Sponsored Programs Accounting Office. Failure to sign this form and return it by March 10, 2012, may force the university to return to sponsors the amount earned on the project because of lack of documentation.**