

East Central University

Matching Monthly Detail Report

Project Name: _____

Project Director: _____

Reporting Month: _____

Category: Salary _____

Item	Description	Amount/Value
1		
2		
3		
4		
5		
6		

CATEGORY TOTAL

ECU-Internal Contributions

Approved by: _____	Date: _____
<i>(Supervisor's Signature)</i>	
Project Director: _____	Date: _____

External Agency Contributions

Agency: _____	
Approved by: _____	Date: _____
<i>(Authorized Signature)</i>	