

**Alaska Sustainable Salmon Fund
MATCH BUDGET INDIRECT COSTS* FORM**

AKSSF project number: _____

Project title: _____

A. Period of expenditures (e.g., 1/1/12 – 3/31/12): _____

B. Approved indirect rate for the period in question: _____

C. Total match expenses on this invoice eligible for indirect: _____

D. Indirect claimed as match (B multiplied by C): _____

Printed name and title of subrecipient representative

Signature and date

*Match indirect costs are based on the subrecipient's approved indirect rate multiplied by eligible match expenditures. If claiming unrecovered or under-recovered indirect from the direct budget as match, please use the AKSSF Unrecovered Indirect Match Form.