

**SAMPLE Western Michigan University Participant Support Sign In Sheet**

Grant Fund/Department: \_\_\_\_\_  
 Grant Principal Investigator: \_\_\_\_\_  
 Grant Funded Event Name: \_\_\_\_\_  
 Grant Funded Event Date: \_\_\_\_\_  
 Grant Funded Event Purpose: \_\_\_\_\_

No.	<u>Printed Name</u>	<u>Role (Student Participant, Other Participant, Faculty, Staff, Etc.)</u>	<u>Signature if in Attendance</u>
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Principal Investigator Authorization:

I certify that the above information concerning this event is correct, and the resulting expenditures are allowable under the terms and conditions of the grant.

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(PI Signature) \_\_\_\_\_ (Date) \_\_\_\_\_