

SAMPLE IN-KIND CONTRIBUTION REPORT

Report of SERVICES RENDERED, GOODS DONATED, FACILITIES PROVIDED
to the awardee:

Project: _____
Donor: _____
Address: _____

Donor's Signature: _____
Title: _____ Phone: _____

Date(s) services were performed, goods were donated, or facilities provided for project:

Services Rendered:

By: _____	Hours: _____	\$ _____
By: _____	Hours: _____	_____
By: _____	Hours: _____	_____
By: _____	Hours: _____	_____
By: _____	Hours: _____	_____
By: _____	Hours: _____	_____
Others listed on reverse; amount from reverse:		_____

Total Services: \$ _____

Goods Donated:

Item: _____	\$ _____	
Item: _____	_____	
Item: _____	_____	
Others listed on reverse; amount from reverse:		_____

Total Goods: \$ _____

Facilities Provided:

Place: _____	\$ _____	
Place: _____	_____	
Place: _____	_____	
Others listed on reverse; amount from reverse:		_____

Total Facilities: \$ _____
TOTAL VALUE: \$ _____

Approved By:

Name: _____
Title: _____
Date: _____

NOTE: Please attach an explanation of the bases for the valuation of each item and any supporting documentation.