



IN-KIND CONTRIBUTIONS

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Center: _____ Month: _____ Year: _____

PRINT NAME AND ADDRESS OF VOLUNTEER/DONOR:

<input type="checkbox"/>	Parent
<input type="checkbox"/>	Former

Personal Services (hours)				INDICATE SERVICES PERFORMED	
1		17		A. Admin/Board:	
2		18		B. Medical:	
3		19		C. Dental:	
4		20		D. Mental Health:	
5		21		E. Educ./Classroom:	
6		22		F. Nutrition:	
7		23		G. Social Services:	
8		24		H. Parent Involvement:	
9		25		I. Transportation:	
10		26		J. Disability Services:	
11		27		K. Other:	
12		28		RATE FOR SERVICES	
13		29			
14		30			
15		31			
16		Total			
Donations of Goods or Space Value: \$ _____ Describe: _____ _____ How Determined: _____ _____				Basic (agency value like work): \$ _____ / _____ Higher value due to: <input type="checkbox"/> Education <input type="checkbox"/> Experience <input type="checkbox"/> Professional Other: Consultant discount - (normal rate less billed rate): <div style="display: flex; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; width: 60px; height: 25px; margin-right: 5px;"></div> Hours x <div style="border: 1px solid black; width: 60px; height: 25px; margin-right: 5px;"></div> Per Hour = <div style="border: 1px solid black; width: 60px; height: 25px; margin-left: 5px;"></div> </div> <div style="margin-top: 10px;"> Mileage: _____ Miles x \$ _____ = \$ _____ Reason for Trip: _____ </div>	

Amount of Total Donation: \$ _____	Volunteer Time: _____ (hours)
_____ (Staff Signature)	_____ (Date)
_____ (Staff Signature)	_____ (Date)