



IN-KIND CONTRIBUTIONS

IN-KIND MONTHLY SUMMARY REPORT

FY _____

Center: _____

amount required: _____

MONTH	EDUCATION VOLUNTEER	OTHER VOLUNTEER	SERVICES	SUPPLIED EQUIPMENT	TRANSPOR-TATION	MISC.	Monthly Total	Cumulative Balance
JULY								
AUGUST								
SEPTEMBER								
OCTOBER								
NOVEMBER								
DECEMBER								
JANUARY								
FEBRUARY								
MARCH								
APRIL								
MAY								
JUNE								
TOTALS								

Remaining Requirement for FY _____ : \$ _____



IN-KIND CONTRIBUTIONS

IN-KIND CONTRIBUTION

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			

Basic (agency value like work): \$ _____ / _____
 Higher value due to:
 Education Experience Professional

Other: Consultant discount - (normal rate less billed rate):
 Hours x Per Hour =

Mileage: _____ Miles x \$ _____ = \$ _____
 Reason for Trip: _____

Donations of Goods or Space

Value: \$ _____
 Describe: _____

 How Determined: _____

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