



FORM: In-Kind Match Goods and Services

Directions: Donors complete and sign this form.

Name:	School Name:
Job Title:	School District:
Organization Name:	Note: Rate per hour of donated time includes salary and benefits. If benefits are not known, calculate at 33% of salary. Example: If salary is \$100 per hour, then benefits are \$100 * .33 = \$33.33/hour.
Address:	
City, State, Zip:	

Date of Contribution	Detailed Description of Services Provided	# of Hour(s)	Rate per Hour (\$)	Total
			TOTAL	
Date of Contribution	Detailed Description of Goods and Supplies Provided	# of Unit(s)	Rate per Unit (\$)	Total
			TOTAL	
Date of Contribution	Detailed Description of Travel Incurred	# of Mile(s)	Rate per Mile (\$)	Total
			0.670	
			0.670	
			0.670	
			0.670	
			TOTAL	
GRAND TOTAL				

The information listed on this form is an accurate estimate of the services rendered, goods and supplies provided and travel incurred that I have provided to the GEAR UP program. I hereby certify, UNDER PENALTY OF PERJURY under the laws of the State of Washington, that this information is true and correct.

X _____ Contributor's Signature	X _____ Date	NOTE: Original or electronic signatures are allowable. This form is submitted by the GEAR UP Advisor to Box with the Monthly Match Summary Form.
X _____ GEAR UP Advisor Signature	X _____ Date	