



WASHINGTON STATE

FORM: In-Kind Match - Goods and Services

Directions: Donors who provide in-kind donations of services, goods and supplies and travel, should complete and sign this form. Include on the Monthly Match Summary Form and submit with the monthly A19 Invoice Voucher.

Name & Job Title	School Name:			
	School District:			
Organization Name & Address:	Month & Year:			

Date of Contribution	Detailed Description of Services Rendered	# 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
		-	0.575	
			0.575	
			0.575	
			0.575	
			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 _____ Jordan Smith's original signature _____ X _____ 2.8.20 _____
Contributor's Signature Date

X _____ GEAR UP Designee's original signature _____ X _____ 2.8.20 _____
School District's Signature Date

NOTE: Original signatures are required. Stamped signatures or photocopies are not acceptable. Original forms must be submitted to WSAC. Schools must retain photocopies of all forms.