|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Goods and Services**  **Rural Alaska GEAR UP Partnership**  **In-Kind Form** | | | | | |
| **Directions**: Donors who provide in-kind donations of services, goods, supplies and travel should complete and sign this form. | | | | | |
| **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** |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  |  |  |
|  |  | |  | **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 that this information is true and correct. | | | | | |
| X | | X | |  |  |
| **Contributor's Signature** | | **Date** | |  |  |
|  | | . | |  |  |
| **Complete, scan and send to: Victoria@rgicorporation.com. Originals submitted to local Principal.** | | | | | |