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| **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.** |