



# IN-KIND MATCH FORM FOR GOODS & SERVICES

**DIRECTIONS:** Please complete donation details. Totals will calculate automatically. (It may be necessary to add a zero line item after the last calculable entry for the form to total entries correctly.) Sign and date the bottom of the form. When submitting a scanned, handsigned copy of this form, please retain the original in your files as mandated by grant regulations.

<b>NAME:</b>	<b>School District:</b>
	<b>School Name</b>
<b>ADDRESS:</b>	<b>Month &amp; Year</b>

Date of Contribution	Detailed Description of Services Rendered	# of Hour(s)	Rate per Hour (\$)	Total

Date of Contribution	Detailed Description of Goods and Supplies Provided	# of Unit(s)	Rate per Unit (\$)	Total

Date of Contribution	Detailed Description of Travel Incurred	# of Mile(s)	Rate per Mile (\$)	Total

TOTALS
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I certify that the information listed on this form represents an accurate estimate of the services rendered, goods and supplies provided and/or travel incurred for the GEAR UP Iowa program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_