

Central Michigan University

In-Kind Contribution Receipt Voucher

Approval _____

Name of Donor: _____ Date: _____

Address of Donor: _____
(street address) (city, state& zip)

Personal Service

Service Performed _____

Donor's Occupation _____

Number of hours donated _____ Rate per hour _____

Fringe Benefit Rate (if known) _____

Value of donation (hours x rate) + (hours x rate x benefit rate) _____

Goods

Type of Goods _____

Check one: _____ New _____ Used

If used, indicate condition:

_____ Excellent _____ Good _____ Fair _____ Poor

If new, attach receipt.

Assigned value _____

Service Other Than Personal

Space rental _____ Value _____

Equipment rental _____ Value _____
(Type of equipment)

Other _____ Value _____
(Description)

Receipt of the above goods and/or service is hereby acknowledged by the undersigned parties. It is understood this contribution may be counted as matching funds on a grant for which Central Michigan University is fiscal agent.

Donor: _____
(Signature)

Project Director: _____
(Signature)