

IN-KIND CONTRIBUTION - VOLUNTEER SERVICES

I have/my organization has donated these services to:

WSU PROJECT NUMBER: _____

WSU PROJECT TITLE: _____

NAME: _____ ORGANIZATION: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____

Description of:	Date(s) of Donation	# of Hours	Rate*	Estimated Value
Donation Professional Services Non-Professional Services				

TOTAL:

* Rate of pay established by your profession. Non-Professional Services valued at the rate according to the in-kind salary scale.

Date: _____

Donor Signature: _____

Donation or Services Received by: _____

Weber State University Representative

Staff only (date and initials of input):
 ____/____/____