

# 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)