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)