

UtahStateUniversity

MATCH CONTRIBUTION OF GOODS STATEMENT

When you receive an in-kind donation of goods this form must be completed and signed by the donor.

LEA:		School:							
Contributor's Name or Organization:									
Address:									
City:			State:	_ Zip:					
Phone Number:		Fax Number:							
Type of Expense	Date	Description of Goods Contributed	Number of Items	Cost per Item	Value				
Travel		Total Miles Driven							
TOTAL									

The information provided on this form is an accurate estimate of the goods and/or services I have provided to USU STARS! GEAR UP.

Contributor's Signature: _____ Date: _____

I hereby certify, UNDER PENALTY OF PERJURY under the laws of the State of Utah, that the foregoing is true and correct.

	Site	Coord	linator	's	Name
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Signature