

## IN-KIND MATCH FORM

For providing a service to the \_\_\_\_\_ . A requirement of the funding is to identify non-federal in-kind match.

ORGANIZATION OR BUSINESS NAME	ADDRESS	CITY, STATE, ZIP CODE	PHONE NUMBER
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**TRAVEL EXPENSES:**

PRINT NAME	DATES	HOURS	RATE OF PAY	TOTAL AMT	DESCRIPTION OF ACTIVITY

**MILEAGE**

DATE	FROM	TO	TOTAL MILES	MILEAGE OF RATE	TOTAL AMOUNT
				<b>.445</b>	
				<b>.445</b>	

PER DIEM	NUMBER OF DAYS	DAILY RATE	TOTAL AMOUNT

AIR FARE	TOTAL AMOUNT

HOTEL	NUMBER OF DAYS	DAILY RATE	TOTAL AMOUNT

COST OF SUPPLIES, BROCHURES, AND PROMOTIONAL MATERIALS THAT WERE SUPPLIED TO THE EVENT: \$ \_\_\_\_\_  
 DO NOT include items purchased with federal funds.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date