USU STARS™ GEAR UP

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 Coordinator's Name **Signature** **Date**