

Sample

[Organization's Logo Here](#)

Non-Profit Organization of My County
P.O. Box 1234 • Any City, TX 76001 • (713) 879-2812

In-Kind Contribution Form

Contributor Information

Name of Business or Individual: _____
Name of Primary Contact: _____
Address: _____
City: _____ State: _____ Zip Code: _____
Telephone: _____ E-mail: _____

Contributed Goods or Services

Description of Contributed Goods or Services: _____

Date(s) Contributed: _____
Real or Estimated Value of Contribution: \$ _____
How was the value determined?: Actual Value Appraisal Other
If other, please explain: _____

Who Made this Value Determination?: _____

Is there a restriction on the use of this contribution?: No Yes
If yes, what are the restrictions?: _____

Was this Contribution Obtained with or Supported by Federal funds?: No Yes
If yes, please provide the name of the Federal agency and the grant or contract number: _____

Signature of Contributor Date Contributed
☞ Thank you for your support!! ☜

Office Use Only:

Person Receiving Goods or Services on Behalf of Non-Profit Organization of My County:

| | |
|---------------------|----------------------|
| <i>Printed Name</i> | <i>Position</i> |
| <i>Signature</i> | <i>Date Received</i> |

Accounting Use Only:

| | | | | |
|-----------------------|------------------------------|---------------------|--------------------------|------------------|
| \$ _____ | _____ | _____ | _____ | _____ |
| <i>Value Recorded</i> | <i>DR/CR Account Numbers</i> | <i>Date Entered</i> | <i>Data Entry Person</i> | <i>JE Number</i> |