

Match/In-Kind Contribution Voucher

Goods/Services/Purchases

For Federal programs in which a pledge of local support is part of the budget proposal, there must be documentation that such local support was actually given.

Project Name: **Pocatello Head Start**

Project Number: **10-CH-0073**

Name of Person, Agency, or Business: _____

Date: _____ Representative: _____

My donation was (circle one) GOODS SERVICES

Description: _____

\$ Value of Donation: \$ _____

Signature: _____ X

Donor must sign as confirmation- if donor is not available this must be signed as confirmation by a staff person

Name of Person, Agency, or Business: _____

Date: _____ Representative: _____

My donation was (circle one) GOODS SERVICES

Description: _____

\$ Value of Donation: \$ _____

Signature: _____ X

Donor must sign as confirmation- if donor is not available this must be signed as confirmation by a staff person

Name of Person, Agency, or Business: _____

Date: _____ Representative: _____

My donation was (circle one) GOODS SERVICES

Description: _____

\$ Value of Donation: \$ _____

Signature: _____ X

Donor must sign as confirmation- if donor is not available this must be signed as confirmation by a staff person

Name of Person, Agency, or Business: _____

Date: _____ Representative: _____

My donation is (circle one) GOODS SERVICES

Description: _____

\$ Value of Donation: \$ _____

Signature: _____ X

Donor must sign as confirmation- if donor is not available this must be signed as confirmation by a staff person

Reviewed by Head Start Staff (signature) _____