

SERVE *Wyoming*

RECEIPT VOUCHER FOR IN-KIND CONTRIBUTIONS

COMMISSION NAME	Serve <i>Wyoming</i>
COMMISSION ADDRESS	PO Box 1271, 229 E. 2 nd Street, Suite 203, Casper, WY 82602

NAME	
ADDRESS	
CITY	
ZIP	
PHONE	
DATE OF IN-KIND CONTRIBUTION	
TYPE OF IN-KIND CONTRIBUTION * Travel * Training * Meal Per Diem * Consultation * Lodging * Equipment/Supplies * Property * Other * Federal Source	DESCRIPTION:
ESTIMATED VALUE OF IN-KIND CONTRIBUTION	
BASIS FOR VALUATION (fair market rent, rate of pay, consultation fee, etc)	
CONTRIBUTOR'S AUTHORIZING SIGNATURE	

For Office Use Only

Credit to Budget Category: _____ Additional Categories: _____
 There should be a separate voucher for each different line item category. If not, the amount to be credited to each category will need to be shown here.

Authorized Program Signature: _____ Date: _____