

Member Name:

## Appalachia CARES / AmeriCorps

In-Kind Voucher / Goods & Materials (S-L Project)

DONOR NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

I certify that I donated the items described below for the Appalachia CARES program and that I am qualified to donate the items. I certify that my special qualifications and items donated as listed below are correct.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date	Items Donated	Project Use	Quantity	Total Value
Total:				

### FOR APPALACHIA CARES OFFICE USE ONLY

These services were performed in connection with the Appalachia CARES / AmeriCorps program and are an eligible cost to the project. I have reviewed the above donated service, method of computing rate and the value of the work performed and approve this computation.

\_\_\_\_\_  
Trenna Brown, Program Director

\_\_\_\_\_  
Date