



**Special Olympics**  
*Idaho*

**IN-KIND CONTRIBUTION WORKSHEET**

***Thank you for your support of Special Olympics Idaho.***

In order for us to accurately reflect the true cost of operating our program it is important for us to have a record of your in-kind contributions. This report summarizes in-kind contributions of time, goods, and services. Please be as complete as possible in describing your contribution and use the back of this form if more space is necessary. Use a separate expense reimbursement form to list expenses for which you wish to be reimbursed.

***Donor Name:*** \_\_\_\_\_

***Address:*** \_\_\_\_\_

***City:*** \_\_\_\_\_

***State:*** \_\_\_\_\_

***ZIP:*** \_\_\_\_\_

***Contact:*** \_\_\_\_\_

***Phone:*** \_\_\_\_\_

**Goods & Services** ~ Contributed goods and services are those for which you will receive no reimbursement from Idaho Special Olympics; i.e., long-distance phone charges, postage, photocopies, supplies, mileage or other transportation, meals or lodging, equipment, food, etc. Please provide a value for all donated goods & services. Special Olympics Idaho cannot assign a value for donated goods. **When donating purchased goods, please provide a receipt of purchase if possible.**

<b>Date</b>	<b>Description of Goods or Services</b>	<b>Contrib. Value</b>
		\$
	<b>Total Value of Goods &amp; Services</b>	\$

**Contributions of Time** ~ Volunteer hours have a monetary value only if the hours are spent doing the same type of work for which you are normally paid; i.e., computer programming, accounting, legal consultation, etc.

<b>Date</b>	<b>Professional Hours (list occupation &amp; service provided)</b>	<b>No. Hrs.</b>	<b>Hrly. Rate</b>	<b>Contrib. Value</b>
			\$	\$
	<b>Total Value Of Contributed Time</b>			\$

**Donor Signature:** \_\_\_\_\_

**Received By (SOID Signature):** \_\_\_\_\_