

serve KENTUCKY

STATE SERVICE COMMISSION

In-kind Voucher

Donor Name: _____ Phone number: _____

Complete Address: _____
(including zip code)

Date	Description of service (e.g. conference planning, meeting preparation) and related donated expenses (e.g. mileage, meals) or donated item(s). Please use a separate line for each.	Hours or Quantity	Rate	Total Contribution

Donor Signature: _____ Date: _____

Please return form to:
 Serve Kentucky, Attn: Fiscal Grant Officer
 275 E. Main St., 3W-E
 Frankfort, KY 40601-2321