BEAR RIVER HEAD START
FIELD TRIP DONATION IN-KIND FORM

STATEMENT ACKNOWLEDGING CONTRIBUTION OF GOODS AND/OR SERVICES

EHS _____ PHS ___X____

Date of Field Trip: _XX/XX/2026_____ Location of Field Trip: _Macey's Bakery_____

Start Time: ___10:30am_____ End Time: ____11:15am_____

Number of Children in attendance: __12_____ Number of Adults in attendance: _3_____

To be completed by Donor –

Donor Name: _Macey's Bakery_____

Donor Address: _50 N. Hwy 165_____

__Providence, UT_____

*If discount was given on field trip because we are Head Start –

Adults: Original Price: $_8.00_____ Children: Original Price: $_6.00_____

Discounted Price: $_5.00_____ Discounted Price: $_3.00_____

For other items donated (ex. Food, craft items, time of your employee, etc.), please list separately

Quantity of each item or time spent	Description of items donated or employee name	Cost of each item or hourly wage	Total
15	Donuts	$0.59 each	$8.85
45 minutes	Jane Doe – Employee	$8.00/hr	$6.00

_____

Signature of Donor

BEAR RIVER HEAD START _____HAS/___X__HAS NOT PROVIDED ANY GOODS OR SERVICES IN RETURN FOR THE ABOVE CONTRIBUTION.

BEAR RIVER HEAD START IS A TAX EXEMPT ORGANIZATION DESCRIBED BY IRC SEC.501 (c) (3).

STAFF USE ONLY

Totals:

Total # of Adults: _3____ Total # of Children: __12__

x difference of original price & discounted price: $_3.00_ x difference of original price & discounted price: $_3.00_

= Total adult discount: $_9.00_ = Total child discount: $_36.00_

Total adult discount + total child discount = $_45.00__

+ Total amount of other donated items in table: $_14.85__

Total In-kind Donation: $_59.85_____

_____

Signature of Bear River Head Start Staff