

**BEAR RIVER HEAD START
FIELD TRIP DONATION IN-KIND FORM**

STATEMENT ACKNOWLEDGING CONTRIBUTION OF GOODS
AND/OR SERVICES

EHS _____ PHS _____

Date of Field Trip: _____ Location of Field Trip: _____

Start Time: _____ End Time: _____

Number of Children in attendance: _____ Number of Adults in attendance: _____

To be completed by Donor –

Donor Name: _____

Donor Address: _____

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

Adults: Original Price: \$ _____ Children: Original Price: \$ _____

Discounted Price: \$ _____ Discounted Price: \$ _____

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

Signature of Donor

BEAR RIVER HEAD START _____ HAS/ _____ 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: _____

Total # of Children: _____

x difference of original price & discounted price: \$ _____ x difference of original price & discounted price: \$ _____

= Total adult discount: \$ _____ = Total child discount: \$ _____

Total adult discount + total child discount = \$ _____

+ Total amount of other donated items in table: \$ _____

Total In-kind Donation: \$ _____

Signature of Bear River Head Start Staff