

RECORD OF IN-KIND SERVICES

Date: _____

Value: \$_____

Goods/Services Provided: _____

Provider: _____

Address: _____

Phone: _____

Provider's Signature

Renaissance Group: _____

Contact: _____ Phone#: _____

Please give one copy to provider. Place one copy in your group's in-kind receipt envelope.

PLEASE NOTE: Volunteer hours are not to be recorded on this sheet.