RETAIN FOR AUDIT

Sheet # DE- _____

Value of Donated Equipment Use

Outdoor Recreation Matching Grant

Project Number	Job Site
Contract Line Item	Work Performed
Donor Name	Donor Address

Date	Equipment Type	Total Hours of Use	Hourly Rate	Value of Donation	Equipment Operator's Signature

Total Value of Donation $ 0.00

_____ _____

Signature of Verifying Official *Date*

Revised DEC 2020