



IN-KIND MATCH MONTHLY REPORT 2009-2010



Collaborator		Month	Sep	Oct	Nov	Dec
Person Submitting Form			Jan	Feb	Mar	Apr
			May	Jun	Jul	Aug

	Supervision	Administration	Training	Supervision Subtotal
Total Line C from all Partner Staff Inkind Time Tracking forms.	\$	\$	\$	\$

1. Space	Total sq. ft.	Monthly Rate*	Space Subtotal
			\$

2. Travel	Total miles	Agency Mileage Rate	Travel Subtotal
Please submit documentation & attach.		\$	\$

3. Supplies*	Monthly Rate/Costs	% for AmeriCorps	Supplies Subtotal
		%	\$

4. Phone*	Monthly Rate/Costs	% for AmeriCorps	Phone Subtotal
		%	\$

*Supplies & phone costs can be a percentage of your monthly bill and should be supported by documentation kept on file at the Partner Site and made available to OHR/C.O.R.E. Susquehanna, PennSERVE and the Corporation for National Service for three (3) years after the end of the grant period.

5. Other		
Description of cost	Rate (or % for AC)	TOTAL
		\$
		\$
		\$
		\$
		\$
	Other Subtotal	\$

	GRAND TOTAL
TOTAL	\$
of all in-kind match submitted for this month.	

Signature		Date:
Received by		Date: