



## IN-KIND MATCH MONTHLY REPORT 2011-2012



<b>Collaborator</b>		<b>Month</b>	Sep	Oct	Nov
<b>Person Submitting Form</b>			Dec	Jan	Feb
			Apr	May	Jun
			Jul	Aug	

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

<b>1. Space</b>	Total sq. ft.	Monthly Rate	<b>Space Subtotal</b>
			\$

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

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

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

\*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.

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

	<b>GRAND TOTAL</b>
<b>TOTAL</b>	\$
<b>of all in-kind match submitted for this month.</b>	

<b>Signature</b>		<b>Date:</b>
<b>Received by</b>		<b>Date:</b>