

# RECORD OF IN-KIND SERVICES

Date: \_\_\_\_\_

Value: \$ \_\_\_\_\_

Goods/Services Provided: \_\_\_\_\_

Provider: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
*Provider's Signature*

Renaissance Group: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

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

Additional sheets are available on our website at [SullivanRenaissance.org](http://SullivanRenaissance.org)