

Contribution In-Kind Form

Company/Organization: _____
Address: _____
Phone: _____ e-mail: _____

Please record, to the best of your ability, the time and material costs you/your organization incurs in their support of the Colorado Science and Engineering Fair for our records and budgeting purposes. Please attach additional documentation if needed.

Time Expenses:

| Date: | Task: | Hours: | Rate: | Cost: |
|-------|-------|--------|----------|----------|
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ |

Total Time Expense: \$ _____

Material Expenses:

| Date: | Expense: | Cost: |
|-------|----------|----------|
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |
| _____ | _____ | \$ _____ |

Total Material Expense: \$ _____

Total In-Kind Support: \$ _____ (Total Time Expense + Total Material Expense)

I certify that the above expenses are accurate to the best of my knowledge and neither myself nor my organization are expecting to be reimbursed as this is our in-kind support of the Colorado Science and Engineering Fair.

Signature of Organization Representative

Date