|  |
| --- |
| Name of Project: |
|  |
| Name of Person supplying donated equipment: |
|  |
| Address: |
|  |
| Telephone: |
|  |
| Type of equipment donated: |
|  |
| Did you receive any compensation for this piece of equipment devoted to this project? |
|  Yes No |

# REPORT OF DONATED EQUIPMENT

|  |  |
| --- | --- |
| Month: | Year: |
|  |  |
| Describe the services performed/equipment utilized. |
|  |
| How was the rate shown below determined? |
|   |

|  |
| --- |
| **Times the donated equipment was used during this month:** |
| Beginning | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Totals |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

I hereby swear that the equipment was on site being used or required, performing the work described on the project named.

 Date

I coordinated the use of this equipment and verify that it was used as indicated above.

 Date

|  |  |  |
| --- | --- | --- |
| **Total this month:** |  | # of days |
| **Rate:** |  | Per day |
| **Amount charged to project:** |  |  |