|  |
| --- |
| Name of Project: |
|  |
| Name of Person Donating Material: |
|  |
| Address: |
|  |
| Telephone: |
|  |
| Did you receive any compensation for the time you devoted to this project? |
|  Yes No  |
| If yes, who paid you? |
|  |
| How much were you paid? |
|  |

# REPORT OF DONDATED MATERIAL

|  |  |
| --- | --- |
| Month:  | Year: |
|  |  |
| Describe the material donated. |
|  |
| How was the value shown below determined? |
|   |
|  |

I hereby swear that I donated the material reported above. This material has not been reported for any other Federal or State project.

 Date

I supervised or coordinated this person’s donation and verify that it was performed as indicated above.

 Date

Washington State Department of Archaeology and Historic Preservation

1063 S. Capitol Way, Suite 106

PO Box 48343

Olympia, WA 98504-8343

|  |  |  |
| --- | --- | --- |
| **Total Value:** |  |  |
| **Unit Rate:** |  | Per Unit |
| **Amount charged to project:** |  |  |

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