



Central Texas Rural Transit District In-Kind Contribution Form

Contributor Information

Name of Business / Individual: _____
Primary Contact: _____ (If Individual) Age: _____
Address: _____
Telephone #: _____ Email Address: _____

Goods and/or Services Information

I, _____, have donated the following
 Property Funds
 Time Miscellaneous _____
to Central Texas Rural Transit District / City And Rural Rides, to be used in the
 Job Access Reverse Commute Program (JARC)
 General Funds
 Other _____

Description of goods and/or services donated: _____

Dates contributed: _____
Real or Estimated Value of Contribution (in Dollars): \$ _____
How was the value determined: Actual Value Appraisal Other _____
Is there a restriction on the use of this contribution? No Yes
If yes, specify the restrictions: _____

Was this contribution / donation obtained with or supported by Federal Funds? No Yes
If yes, please provide detailed information regarding the funding source, to include the name of the Federal Agency and the Grant / Contract number: _____

Contributor/Employee Printed Name _____ Title _____

Signature _____ Date _____

CTRTRD Office Use ONLY

Person Receiving Goods and/or Services on Behalf of the CTRTRD Program

Printed Name _____ Title _____

Signature _____ Date _____

Accounting Use Only		
\$ _____	_____	_____
Value Recorded	Date Entered	CTRTRD Program Number/Account Code