



# 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