

# In-Kind Professional Services Contribution Log

This log documents professional services contributed to the organization. Please complete all fields for auditing and contribution tracking purposes.

## Organization & Project Information

Organization Name:

Project/Program Name:

Reporting Period:

## Donor & Professional Information

Donor Name (Professional):

Professional Title / Specialty:

Affiliated Company/Employer:

Contact Info (Email/Phone):

## Log of Professional Services Rendered

Date of Service	Description of Professional Services Provided	Hours Worked	Standard Hourly Rate (\$)	Total Value (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Cumulative Total Value:</b>				<input type="text"/>

## Acknowledgment & Signatures

By signing below, the parties certify that the professional services described above were performed, that the rates represent the standard fair market value for such services, and that no cash transaction occurred.

Donor Signature:  Date:

Authorized Recipient Name & Title:

Recipient Signature:  Date: