



Tehama County Department of Education
Local Child Care Planning Council
 Consultant In-Kind Services Sheet



Fiscal Year _____

Name: _____

_____ 1st Quarter _____ 2nd Quarter _____ 3rd Quarter _____ 4th Quarter
 July, Aug., Sept. Oct., Nov., Dec. Jan., Feb., Mar. Apr., May., June

Consultant's Profession or Trade: _____

Value of Services: Rate per Hour \$ _____ Other \$ _____

Date	Miles	Kind of Service	Number of Hours Given
TOTAL HOURS:			

Materials

DATE	Description of Donated Materials	Value

Total Cost Donated: _____

Signature: _____

Date: _____

Received by: _____