

REPORT OF DONATED MATERIAL

For all donated materials, please provide an estimate/quote from a local company for what it would cost to purchase the same material to determine the match value.

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?

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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