**Value of Donated Contractual Work**

**SUBMIT WITH INVOICE/SF-270**

**AND RETAIN FOR AUDIT**

**Please note:** Include payments for professional and technical consultants participating in the project. Consultant fees may be entered as a “Flat Rate” or as “No. of Days” x “Daily Rate.” Use **only one** method for stating consultant fees.

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**Project Name**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Grant Number**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Donor**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Name and Type of Consultant** | **Description of Work** | **Consultant Fees (Flat Rate or Number of Days X Daily Rate of Compensation)** | **Total Costs** |
|  |  |  |  |  |

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**Signature of Person Donating Contractual Work Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Verifying Official’s Signature Date**