

TULARE COUNTY OFFICE OF EDUCATION – CHOICES PROFESSIONAL SERVICES IN-KIND REPORT

Contributor:

Name: _____

Agency: _____

Profession: _____

Address: _____

School District: _____

School Site: _____

Date	Description of Services	# of Hours	Hourly Rate	Total Cost

I certify that the above cost is based on existing fee schedule for comparable services rendered. To the best of my knowledge, the Non-Federal Match listed above represents actual expenditures accumulated. The certified amount does not duplicate any Federal claims for reimbursement, nor are the funds used to match other federal funds, unless expressly allowed by federal regulation.

Signature of Contributor

Date

Signature of District Business Manager

Date

Signature of Choices Program Manager

Date