

Alaska Sustainable Salmon Fund
DONATED SERVICES* MATCH FORM for SUBRECIPIENTS

AKSSF Project number: _____

Project title: _____

Date(s) the services were donated: _____

Description of the donated services:

Valuation (check one):

Subrecipient's standard rate for performing similar services (attach documentation):

Rate: _____ Units of use this period: _____ Total value claimed: _____

Actual costs of performing the services (attach documentation of costs and explain below):

Describe the costs involved in performing this service:

I certify that the listed services were donated for the above project during the stated time.

Printed name and title of subrecipient representative

Signature and date

*Use this form for non-personnel services provided by the subrecipient for which the subrecipient would normally charge a fee (e.g., sample analysis).