

Alaska Sustainable Salmon Fund
DONATED SERVICES* MATCH FORM for THIRD PARTIES

AKSSF Project number: _____

Project title: _____

Entity providing service: _____

Description of services performed:

Printed name and title of service provider representative Signature and date

Valuation (check one):

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

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

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

Describe the costs involved in performing this service:

To the best of my knowledge, the above-named entity performed the listed services for the above project during the stated time.

Printed name and title of subrecipient representative Signature and date

*Donated services include non-personnel services provided by a third party (i.e., not the subrecipient) for which the subrecipient would normally pay a fee (e.g., sample analysis, float plane charter, car rental).