

Project Learning Tree Facilitator In-Kind/Expense Sheet

Name _____ Phone () _____

Address _____

City _____ State _____ Zip _____

Workshop Date(s) _____ Location _____

IN-KIND

TRAVEL IN-KIND:

Date	Mileage	From	To
_____	_____	_____	_____
_____	_____	_____	_____

Total Travel Expense _____ miles @ (0.57.5/mile) = \$ _____

OTHER IN-KIND: (Estimated salary or # of hours, materials, etc.)

	Amount
_____	\$ _____
_____	\$ _____

REIMBURSABLE EXPENSES

TRAVEL EXPENSES: (Only Reimbursable Travel Expenses)

Date	Mileage	From	To
_____	_____	_____	_____
_____	_____	_____	_____

Total Travel Expense _____ miles @ (0.58/mile) = \$ _____

OTHER EXPENSES: (Only Reimbursable Expenses. Attach receipts)

	Amount
_____	\$ _____
_____	\$ _____

TOTAL ALL \$ _____

Facilitator Signature

Coordinator Approved