



# Technical Services

## Project: (Project Number) MONTHLY Report on In-Kind Project Costs

Date:

Name:

Company/Organization: \_\_\_\_\_

**This is to certify that the following products were supplied to AFS for the project:**

Date/s	Product Description	# of Units	Unit Price	Total Cost

**This is to certify that the above individual(s) provided the following services for the project:**

Date/s	Person	Service Description	# of hours

during the period \_\_\_\_\_

**The product, hours considered in-kind, and/or associated costs are stated below:**

**Product Cost:** \$\_\_\_\_\_.00

**Labor Cost = Consultant Rate:** \$xxx/Hour X No. of Hours xx \$\_\_\_\_\_.00

(Hours include meeting preparation, travel, meeting time, etc.)

**Other Costs:** (materials, supplies, phone calls, etc.) \$\_\_\_\_\_.00

**Hotel Costs:** \$\_\_\_\_\_.00

**Travel Costs:** \$\_\_\_\_\_.00

**Total** \$\_\_\_\_\_.00

<p><b>Signature:</b></p> <p>Title:</p>	<p><u>Return to Project PI and copy to:</u>  Steve Robison  Chief Technical Services Officer  AFS  1694 N. Penny Lane  Schaumburg, IL 60173</p>
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