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:**

<table>
<thead>
<tr>
<th>Date/s</th>
<th>Product Description</th>
<th># of Units</th>
<th>Unit Price</th>
<th>Total Cost</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Date/s</th>
<th>Person</th>
<th>Service Description</th>
<th># of hours</th>
</tr>
</thead>
</table>

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

Signature: ____________________________________________________________
Title: ________________________________________________________________

Return to Project PI and copy to:
Steve Robison
Chief Technical Services Officer
AFS
1694 N. Penny Lane
Schaumburg, IL 60173