

University of North Dakota

Declaration of Donated Services

Name:		Federal Employer ID or Social Security Number:
Company:		
Address:		
City, State, Zip:		
Telephone:		

Date of Service	Number of Units	Description of Donated Services	Unit Rate	Estimated Value

I, _____, hereby certify that I donated time for the purposes and of the value detailed above in support of the University of North Dakota project:

Project #: _____

Project Title: _____

Signature: _____ Date: _____

Donated time will be valued at the federal minimum wage rate unless the donor is professionally skilled in the work he or she performs on the project. When this is the case, the wage rate the donor is normally paid for performing his or her service may be charged to the project.

Justification is required below if donated service rate is other than minimum wage.

Project Director Signature: _____ Date: _____