VALUE OF DONATED EQUIPMENT USE

_____
PROJECT NAME AND CONTRACT NUMBER

_____
DONOR

DATE	TYPE AND SIZE OF EQUIPMENT	TOTAL HOURS OF USE	HOURLY RATE FROM ATTACHED STATE HIGHWAY DEPT. USE RATE SCHEDULE	VALUE OF DONATION (HRS. OF USE x HOURLY RATE)	EQUIPMENT OPERATOR SIGNATURE

TOTAL VALUE OF DONATION $_____

_____ _____
VERIFYING OFFICIAL'S SIGNATURE DATE

Revised 6/02