

OHIO COMMUNITY THEATRE ASSOCIATION

IN-KIND SERVICE REPORTING FORM

DATE	BD MTG/OTHER OCTA MTGS	MILES	RATE AT \$.14/mi	LODGING	TOTAL
MOS	TELEPHONE CALLS				
MOS	POSTAGE/SUPPLIES				
MOS	OTHER EXPENSES				
GRAND TOTAL					

I hereby verify that these expenses were incurred by me personally in support of the Ohio Community Theatre Association projects/programs.

DATE: _____

Signature: _____

Print or type name

Title or Board Responsibility