

Attachment D: In-Kind Services Estimate Documentation Form

The Tracy Unified School District Facility Use Sub-Committee will review all requests for approval or denial on all site improvements

Organization Name		Contact Person			Phone No	
School		Location/Area				
Job Description						
Start Date				Completion Date		
Contractor and Contact Information						
DESCRIPTION	QUANTITY	MATERIALS	LABOR	SUB-CONTRACT	TOTAL	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
					\$	
TOTAL AMOUNT REQUESTED					\$	

DISTRICT APPROVALS (for office use only):

Director of Building/Maintenance/Facility Use	√	Date
Director of Facilities Planning	√	Date
Site Principal	√	Date
Assistant Superintendent Business Services	√	Date
Facility Use Department/Receipts	√	Date
BOARD APPROVED →		Date