

\_\_\_\_\_ CONSERVATION DISTRICT

VALUE OF DONATED EQUIPMENT USE  
*RETAIN FOR AUDIT*

\_\_\_\_\_  
PROJECT NAME AND NUMBER

\_\_\_\_\_  
CONSERVATION DISTRICT

\_\_\_\_\_  
DONOR

DATE	TYPE & SIZE OR EQUIPMENT	TOTAL HOURS OF USE	HOURLY RATE (CURRENT FAIR MARKET RATE)	VALUE OF DONATION (HRS OF USE X HOURLY RATE)	EQUIPMENT OPERATOR SIGNATURE

\_\_\_\_\_  
TOTAL VALUE OF DONATION

\_\_\_\_\_  
VERIFYING OFFICIAL SIGNATURE

\_\_\_\_\_  
DATE

**PLEASE SUBMIT TO:**  
**DCNR - CONSERVATION DISTRICT PROGRAM**  
**[BRE@DCNR.NV.GOV](mailto:BRE@DCNR.NV.GOV)**  
**Fax# 775-684-2715**