

Receipt Voucher for In-Kind Contribution of NON-PROFESSIONAL Volunteer Services

Name of Volunteer: _____

Month/Year: _____

Address: _____

Project Name: _____

City: _____

Organization: Caswell County Partnership for Children

Phone: _____
(Home)
(Work)

Detailed Record of Volunteer Hours Worked

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | | Total Hours | Hourly Rate* | Total Value |
|------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------|--------------|-------------|
| Volunteer Hours | | | | | | | | | | | | | | | | | | \$22.40 | \$ |
| Date | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | | | |
| Volunteer Hours | | | | | | | | | | | | | | | | | | \$22.40 | \$ |

TOTAL VALUE: \$

- 1. On the back of this page, please describe the type of volunteer services performed on each of the days noted above.**
- 2. By my signature below, I certify that I served as a volunteer to this organization for the hours as noted above and did not receive compensation for my services.**

Volunteer Signature _____

Date _____

- 3. By my signature below, I acknowledge receipt of the above-mentioned volunteer services.**

Authorized Employee _____

Date _____

