



Grant Project #: _____

_____(office use only)_____

Volunteer Log Sheet

Volunteer's Name: _____

Volunteer's Mailing Address: _____

Location/address where work was performed: _____

			<i>(office use only)</i>	
Date	Description of Work Performed	Hours	Rate	Total
Totals				

(see reverse side for additional space)

I hereby certify that I performed the above listed donated services.

Signature of Volunteer

Date

I hereby certify that the donated services have been performed and that this claim is fair and correct.

Signature of Project Manager

Date

Return sheet to: Golden Sands RC&D, 1100 Main St Suite 150, Stevens Point, WI 54481
or email to CWIPartnership@gmail.com

