**Receipt Voucher for In-Kind Contribution of NON-PROFESSIONAL Volunteer Hours**

Organization/Agency:

Project/Activity:

Child Care Center (if applicable):

Reporting Month & Year:

I certify that I served as a volunteer to this organization for the hours as noted below and did not receive compensation for my services.

Volunteer Name (print): Signature:

Address:

Phone:

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

Authorized Employee Signature:

|  |  |  |
| --- | --- | --- |
| Day | Description of Volunteer Work | SmartStart hours |
|  | Example: Read to children during reading time | 0.50 (example) |
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| 30 |  |  |
| 31 |  |  |
|  | (Please use the decimal system in recording hours.) Total Hours |  |
|  | Hourly Rate | $21.65 |
|  | Total Value (Carry Amount to Section C) |  |