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

Organization or Child Care Center:

SmartStart-funded Activity:

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: Assist with art project* | *1.5 (example)* |
| 1 |  |  |
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| 29 |  |  |
| 30 |  |  |
| 31 |  |  |
|  | (Please use the decimal system in recording hours.) Total Hours |  |
|  | Hourly Rate\* | $22.40 |
|  | Total Value (Carry Amount to Section C) |  |

\*Hourly rate is updated each year. This is current for 7/1/16 – 6/30/17.