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

Agency or Child Care Center:

Smart Start-funded Activity:

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:

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| --- | --- | --- |
| Date | Description of Volunteer Work | Smart Start hours |
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|  | (Please use the decimal system in recording hours.) Total hours |  |
|  | Hourly Rate\* | $30.58 |
|  | Total Value (Carry Amount to Section C) |  |

\*Hourly rate is updated each year. This is current for 7/1/23 – 6/30/24.