

CSNT Board of Directors In-Kind Form

Member Name: _____

Member Office: _____

Volunteer Period: _____

Work Location: Linden

PLEASE RECORD YOUR BEGINNING AND ENDING ODOMETER READINGS TO THE NEAREST MILE

Date	In	Out	In	Out	Actual Time Worked	Volunteer Activity	Rate Applied to This Activity	Value of Time	Beginning Odometer Reading	Ending Odometer Reading	Roundtrip Mileage	Rate Applied to Mileage	Value of Mileage
Sunday													
Monday													
Tuesday						Board	\$35.92 hr					0.655	
Wednesday													
Thursday													
Friday													
Saturday													
TOTAL													

Circle approved Program: Head Start CSBG CEAP DHS ETCOG Other _____

Attach if applicable: [] Approved OT Form [] Approved Time Off Form [] Allocation Form

Received By _____

Volunteer Signature _____

Date Signed _____

Revision Date 10-10-23

<u>Administrative Use Only</u> Time Value _____ Mileage Value _____ Total Value _____
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