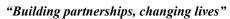


## **Head Start**





## CSNT Policy Council In-Kind Form

Date:			
Member Name:			
Address:			
Member Location:			
Name of Meeting:			
Time In:		Time Out:	_
Total Time:	X	\$ 17.53 Hourly Rate	
Total Mileage:		☐ Reimbursement ☐ In-Kind	
Total Mileage:	X	\$ 0.655 Mileage Rate	
Volunteer Signature:		Date:	
Staff Signature:		Date:	
		Admin	istrative Use Only
		Mileag	Value ge Value Value

Revision Date: 10-10-23