

VOLUNTEER MATCH DISTRIBUTION TIME REPORT

Contractors are required to maintain daily time and attendance records specifying time devoted to the VOCA project for all positions, including volunteers used as match for the grant.

VOLUNTEER NAME

PERIOD ENDING DATE

CVA PROJECT #
AGENCY FISCAL YEAR

DAILY HOURS BY FUNDING SOURCE															
SOURCE	DATE	DATE	DATE	DATE	DATE	DATE	DATE		DATE	DATE	DATE	DATE	DATE	DATE	DATE
	SUN	MON	TUES	WED	THUR	FRI	SAT		SUN	MON	TUES	WED	THUR	FRI	SAT
Advocate Vol.															
Counseling															
Children's															
Admin.															
Non-Direct															
Fundraising															
DAILY TOTAL															

MY ONLINE SUBMISSION OF THIS FORM CONFIRMS THAT

THE ENTRIES ON THIS REPORT ARE, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND TRUE.

VOLUNTEER SIGNATURE	VOLUNTEER NAME	TITLE	DATE
		Volunteer/Intern	
SUPERVISOR SIGNATURE	SUPERVISOR NAME	TITLE	DATE
	Tina Michmerhuizen	Volunteer Coordinator	