

Master Gardener Foundation of Chelan-Douglas Counties

Garden _____ Project _____

Authorizing Official _____ Email _____

Contact Person _____ Email _____

To the best of our knowledge, the below volunteer performed the listed service(s) on the specified date(s) and times

VOLUNTEER DATA

Volunteer's Name (Print) _____

Volunteer's Email _____ Phone # _____

Date(s) of service	Total hours Worked	Location(s) of service	Service Performed	Fair Market Value of Service

TOTAL \$ _____

Rate based on: