

## Master Food Volunteer Hours Report

Name: \_\_\_\_\_ Date Submitted: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Projects Report (Table I)						
Date	Project/ Place Description	Location (City/County)	Project Hours <sup>1</sup>	Admin. Hours <sup>2</sup>	Total Hours	Travel Mileage <sup>3</sup>
<b>TOTAL HOURS</b>						

<sup>1</sup>Include time spent traveling, preparing, and working for Extension programs in the “project hours” box.

<sup>2</sup>Include time spent working on administrative tasks in the “admin hours” box (help with copying, answer phones, scanning, mailing, brochures, advertising, etc.).

<sup>3</sup>Travel Mileage should be round trip mileage.

(Rev0110)

OFFICE USE ONLY		
Approved by:	Date:	Entered by:
Previous hrs. total	+ Total hrs. this form	= Career Total

RETURN COMPLETED FORM TO YOUR LOCAL EXTENSION OFFICE BY THE FIFTH OF EVERY MONTH FOR THE PRECEDING MONTH IN WHICH YOU VOLUNTEER.

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