

Agency: Partnership for Children of Cumberland County, Inc.

Receipt Voucher for In-Kind Contribution of Non-Professional Volunteer Services

Name of Volunteer **Month/Year**

Address **Project Name**

City/State/Zip **Organization**

Home Phone **Work Phone**

| Detailed Record of Volunteer Hours Worked | | | | | | | | | | | | | | | | | | | |
|---|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------|--------------|-------|
| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | | Total Hours | Hourly Rate* | Value |
| Volunteer Hours | | | | | | | | | | | | | | | | | | \$27.20 | \$ |
| Date | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | Total Hours | Hourly Rate* | Value |
| Volunteer Hours | | | | | | | | | | | | | | | | | | \$27.20 | \$ |
| TOTAL VALUE | | | | | | | | | | | | | | | | | | | \$ |

On the back of this page, please describe the type of volunteer services performed on each of the days noted above.

Attestation: By my signature below, I certify that I served as a volunteer to this organization for the hours as noted above and did not receive compensation for my services.

Volunteer Signature: _____ Date: _____

Approval: By my signature below, I acknowledge receipt of the above-mentioned volunteer services.

Employee Signature: _____ Date: _____

****Under legislation approved by the NC General Assembly in 2008, non-professional volunteer services will be valued at the statewide average wage rate as calculated from data compiled by the Employment Security Commission in the Employment and Wages in North Carolina Annual Report. The most recent report available posts this rate at \$27.20 per hour.***

