



WORKPARTY LOG SHEET

*** WORK MUST OCCUR IN DOOR COUNTY**

Donated Work Hours

(office use)

Grant Project #:

Supervisor's Name: _____ Supervisor's Signature: _____
 Location/Address where work was performed: _____
 Date and Description of Work Performed: _____

Volunteer Name	Volunteer Signature	Start time	Stop time	Total Hours	(office use)	
					Rate	Total
Joe Volunteer		8:00 a.m	11:00 a.m	3		
Total Value of Services Performed:				0		0

Date	Description of Equipment Used	Hours	(office use)	
			Rate	Total
	Bow Saw	3		
Total Value of Equipment Used:				

(Please see reverse side for additional space.)

I hereby certify that the donated services have been performed and that this claim is fair and correct.

Signature of Project Manager

Date

Return sheet to: Door County Soil & Water Conservation Dept
 421 Nebraska Street
 Sturgeon Bay, WI 54235

Questions?: Call (920)746-5955 or e-mail dcist1@gmail.com

