

BUTTE COUNTY FIRE SAFE COUNCIL

VOLUNTEER HOURS TRACKING SHEET
(530) 877-0984

Date Received:

Name: _____
Address: _____ City: _____ Zip Code: _____
Phone/Email: _____

Volunteer Hours:

Date	Description of activity	Start Time worked	Finished Time worked	Mileage	Total Hours

*If you paid for help and have an invoice/receipt please fill out the below information:

Date:	Description of Activity	Cash and/or amount paid for financial Contribution	Provide copy of receipt or invoice for financial contribution

Volunteer Signature: _____ **Date:** _____

BCFSC Office Use Only:

Grant Project #						Totals
Quarter Report #						
Total Volunteer Hours						
X \$ per Hour =	\$	\$	\$	\$		\$
Total Miles						
X 14 cents/mile	\$	\$	\$	\$		\$
Financial Contribution	\$	\$	\$	\$		\$
Other	\$	\$	\$	\$		\$
Grand Total						\$

Grant Manager Signature: _____ Date Recorded: _____

Be sure to sign and date this form. Your volunteer hours include: Preparing for Chipper, meetings involving fire safe activities, creating defensible space in your yard, fire safe community outreach, and education or other fire safety projects you may be working on.