BUTTE COUNTY FIRE SAFE COUNCIL

VOLUNTEER HOURS TRACKING SHEET (530) 877-0984

Date Received:	
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					City:		Zip Cod	e:	
Hone/ Lill	iuii				unteer Ho	<u>urs:</u>			
Date	Date Description of activit		on of activity		Start Time worked	Finished Time worked	Mileage	Total Hours	
		for help and have an invoice/receipt Description of Activity			please fill out the below inforr Cash and/or amount paid for financial Contribution		mation: Provide copy of receipt or invoice for financial contribution		1
Date:	Descrip		,	for fi		•			
					nancial Cont	ribution		financial contribution	
Volunt e	eer Sig	nature: _			nancial Cont	ribution	invoice for	financial contribution	
Volunte BCFSC Office ant Project	eer Sig	nature: _			nancial Cont	ribution	invoice for	financial contribution	
Volunte BCFSC Office ant Project arter Reportal Volunte	ce Use On	nature: _			nancial Cont	ribution	invoice for	financial contribution	
Volunte BCFSC Office ant Project arter Repo	ce Use Onl t # ort #	nature: _			nancial Cont	ribution	invoice for	financial contribution	
BCFSC Office ant Project arter Reportal Volunte urs 5 per Hour	ce Use Onl t # ort #	jnature: _ y:			nancial Cont	Date:	invoice for	Totals	
BCFSC Office ant Project arter Reportal Volunte urs is per Hour tal Miles	ce Use On t # ort # eer	y:			nancial Cont	Date:	invoice for	Totals	
BCFSC Office ant Project parter Reportal Volunte ours Seper Hour tal Miles 14 cents/m	ce Use Onl t # ort # eer	jnature: _	\$		nancial Cont	Date: _	invoice for	Totals	
Volunte	ce Use Onl t # ort # eer	y:	\$		\$	Date:	invoice for	Totals	

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.

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