South Carolina Forestry Commission

Urban & Community Forestry Program

Volunteer/Individual Timesheet

Project Number: _____

Project Sponsor: _____

Project Name: _____

Name of Individual Volunteer: _____ Signature: _____

Address: _____ Date: _____

Date	Type of Work	# of Hours

Total Hours this period: _____ @ _____* per hour = _____

**Note:* *If any hourly rate of over $24.69/hour is used, documentation of rate must be provided and approved by SCFC.*

I hereby certify that the above information is accurate and is used for documenting reasonable estimates of time and contributions towards implementation of this project.

_____ _____

Printed Name Title

_____ _____

Signature Date