

Member Name: _____

Appalachia CARES / AmeriCorps

In-Kind Voucher / Specialized Skill (Project)

DONOR NAME: _____

TITLE: _____

ADDRESS: _____

TELEPHONE: _____

I certify that I donated the service described below for the Appalachia CARES program and that I am qualified to perform this work. I certify that my special qualifications and hours donated as listed below are correct.

Signature: _____ Date: _____

Date	Hours	Qualifications	Services Performed	Hourly Rate	Total Value
				X	X
				X	X
				X	X
Total:					

FOR APPALACHIA CARES OFFICE USE ONLY

These services were performed in connection with the Appalachia CARES / AmeriCorps program and are an eligible cost to the project. I have reviewed the above donated service, method of computing rate and the value of the work performed and approve this computation.

Trenna Brown, Program Director

Date

Method of Calculation:
- Average Salary for Region
- Based on Specific Degree / Position

Approved Rate: _____