



### III. Daily Work Record for Volunteers

Project Number: 14005 33362 Date: \_\_\_\_\_  
 Department: \_\_\_\_\_ Foreman or Supervisor: \_\_\_\_\_  
 Nature of Work: \_\_\_\_\_  
 Project Element: \_\_\_\_\_ Location: \_\_\_\_\_

PERSONNEL				SIGNATURE
Name	Hours	Rate	Cost	
		21.35		
		21.35		
		21.35		
		21.35		
		21.35		
		21.75		
		21.35		
		21.35		
		21.35		
		21.35		
<b>PAYROLL SUMMARY</b>			21.35	

EQUIPMENT				RECAPITULATION	
Unit	Hours/ Miles	Rate	Cost		Cost
				Personnel	
				Equipment	
				Fringe Benefits*	
Note for equipment: Sponsor must have cost records or use approved Department rates. Rates will be furnished by the Department upon written request.				<b>TOTAL</b>	

I certify that the listed individuals were used on the dates shown and that the listed equipment was used on the project named above

\*Fringe Benefits: Method of fringe benefits calculation must be furnished to the Department.

\_\_\_\_\_  
Signature, Project Officer or Supervisor