|  |
| --- |
| Name of Project: |
|  |
| Name of Person Performing Services: |
|  |
| Address: |
|  |
| Telephone: |
|  |
| Did you receive any compensation for the time you devoted to this project? |
| Yes No |
| If yes, who paid you? |
|  |
| How much were you paid? |
|  |

# REPORT OF SERVICES

|  |  |
| --- | --- |
| Month: | Year: |
|  |  |
| Describe the services you performed. (If you supervised others, include their names and positions.) | |
|  | |
| How was the hourly rate shown below determined? | |
| $15.00 per hour is the value of donated labor as established by the Heritage Barn Advisory Committee. | |
|  | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Total number of hours worked each day during this month:** | | | | | | | | |
| Beginning | Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Totals |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |

I hereby swear that I devoted the time reported above, performing the work described on the project named. This time has not been reported for any other Federal or State project.

Date

I supervised or coordinated this person’s work and verify that it was performed as indicated above.

Date

Washington State Department of Archaeology and Historic Preservation

1063 S. Capitol Way, Suite 106

PO Box 48343

Olympia, WA 98504-8343

|  |  |  |
| --- | --- | --- |
| **Total hours this month:** |  | # of hours |
| **Hourly rate:** | $15.00 | Per hour |
| **Amount charged to project:** | $ |  |

|  |
| --- |
| **INSTRUCTIONS**:  Use this form to document all labor, whether paid or voluntary, which is claimed against a grant or used for the matching share of a grant. Complete it on a timely basis, i.e., fill it out immediately after the service is provided. |

2003 Reprint