

TULARE COUNTY OFFICE OF EDUCATION - CHOICES PARENT & COMMUNITY VOLUNTEER IN-KIND REPORT

School District: _____

Month: _____

School Site: _____

Year: _____

*P = Parent Volunteer, *C = Community Volunteer

Signature of Volunteers	P/C*	Date of Activity	Type of Activity	# of Hours	Hourly Rate	Dollar Value
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Total						

I certify that, to the best of my knowledge, the Non-Federal Match listed above represents actual expenditures accumulated. The certified amount does not duplicate any Federal claims for reimbursement, nor are the funds used to match other federal funds, unless expressly allowed by federal regulation.

Signature of School Site Director: _____

Date: _____

Signature of District Business Manager: _____

Date: _____

Signature of Choices Program Manager: _____

Date: _____