



### DONATED SERVICES

Project Name: ADLC CLG Project/Contract Number: MT-21-010 Period Covered by Billing: 04/01/21-09/30/21

DATE	HOURS WORKED	HOURLY RATE	TOTAL COST	DESCRIPTION OF WORK	DONOR NAME PRINTED	DONOR SIGNATURE
<b>TOTAL</b>		-----		-----	-----	-----
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I certify that all of the above information is correct.

\_\_\_\_\_   
 Project Supervisor Signature

On what basis is the hourly rate determined?  Volunteer Rate (\$23.66/hr)  
 Labor Market Rate (utilizing professional expertise and/or services)  
 Other, please explain \_\_\_\_\_