

Form 43
08/01/2002
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**VIRGINIA DEPARTMENT OF FORESTRY
FORESTRY GRANT PROGRAMS
TIME AND ACTIVITY LOG FOR STAFF AND VOLUNTEERS**

Grant Recipient: Malvern
Project Title: _____
Grant Number: _____

Date	Staff/Volunteer Name	Activity	No. of Hours Worked (A)	Appropriate Rate (B)	Total In-Kind Contribution (A) x (B)

This form must accompany the Request for Reimbursement Form if volunteer assistance has been provided and constitutes a portion of your project expenditures. Regular Staff may complete number of hours worked by date without entering time in and time out when not working during a block of time.