



Head Start

"Building partnerships, changing lives"



CSNT Policy Council In-Kind Form

Date: _____

Member Name: _____

Address: _____

Member Location: _____

Name of Meeting: _____

Time In: _____

Time Out: _____

Total Time: _____ X \$ 17.53 = _____
Hourly Rate Total NFS

Total Mileage: _____

Reimbursement

In-Kind

Total Mileage: _____ X \$ 0.655 = _____
Mileage Rate Total NFS/
Reimbursement

Volunteer Signature: _____

Date: _____

Staff Signature: _____

Date: _____

Administrative Use Only

Time Value _____

Mileage Value _____

Total Value _____