

**KEEP CITRUS COUNTY BEAUTIFUL, INC.**

**Post Office Box 94**

**Lecanto, Florida 34460-0094**

**352-746-9393**

**Volunteer Hours & Contributions Report Form - Page 1**

Please complete and return immediately following your event. Within 7 to 10 days would be greatly appreciated. Failure to submit will jeopardize support for future events. Please make additional copies as required or use blank paper with required information.

ORGANIZATION: \_\_\_\_\_ EVENT DATE: \_\_\_\_\_

PRIMARY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

SECONDARY CONTACT: \_\_\_\_\_ PHONE: \_\_\_\_\_ EMAIL: \_\_\_\_\_

**VOLUNTEERS:**

<u>LAST NAME</u>	<u>FIRST NAME</u>	<u>PHONE#</u>	<u>DATE</u>	<u>HOURS DONATED</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**MEDIA SUPPORT:** Please attach copies of all donated or paid advertising/coverage of event and copies of any invoices received. Total value: \$ \_\_\_\_\_

**KEEP CITRUS COUNTY BEAUTIFUL, INC.**

**Post Office Box 94**

**Lecanto, Florida 34460-0094**

**352-746-9393**

**Volunteer Hours & Contributions Report Form – Page 2**

**MATERIAL SUPPORT:** Please list donated or purchased supplies along with estimated value or copies of actual invoices if purchased.

<u>ITEM</u> (i.e. Trash Bags)	<u>PROVIDER</u> (KCCB)	<u>QUANTITY</u> (70)	<u>P - PURCHASED</u> <u>D – DONATED</u> (D)	<u>DONATED VALUE</u> <u>ACTUAL COST</u> (\$70.00)
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**EQUIPMENT SUPPORT:** Please list equipment loaned/provided/rented to support your event, equipment provider, hours provided, estimated value (invoice and/or donor letter)

<u>EQUIPMENT</u> (i.e. 16 ton dump truck)	<u>PROVIDER</u> (Waste Management)	<u>HOURS</u> <u>UTILIZED</u> (7)	<u>ESTIMATED VALUE COMPUTATION</u> (\$100.00/hr. + \$100.00/ driver = \$800.00 letter attached)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**COUNTY/SOLID WASTE SUPPORT:** Weight of amount collected and tipping fees paid/waived

<u>AMOUNT COLLECTED (Pounds or Tons)</u> (i.e. 7 tons)	<u>TIPPING FEES</u> (7 x \$30.00/ton = \$210.00)	<u>P – PAIDED TO SWM</u> <u>W – WAIVED BY SWM</u> (W)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**THANK YOU FOR CARING ABOUT YOUR COMMUNITY!!!**