

DONATED



SERVICES

RECORD

The following is a correct record of the time worked each day.

PROJECT NAME _____ MONTH OF _____ PROJECT NUMBER _____

Date	Day	AM		PM		Daily Hours	Description of days work	Initial
		Begin	End	Begin	End			
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								

Total monthly hours _____

_____ Per hour

_____ Value of Donation

I HEREBY CERTIFY that the hours of service indicated above are correct and that I have performed those services, without compensation of any kind, in the interest of the preservation of South Dakota's heritage in accordance with the agreement to which I am bound.

Donor's Signature _____ Approved Signature _____ Date _____