**VOLUNTEER MATCH DISTRIBUTION TIME REPORT**

Contractors are required to maintain daily time and attendance records specifying time devoted to the VOCA project for all positions, including volunteers used as match for the grant.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **VOLUNTEER NAME** |  | **PERIOD ENDING DATE** |  | CVA PROJECT # |
|  |  | 20070-24V18 |
|  |  | AGENCY FISCAL YEAR |
|  |  | 2022 |
| DAILY HOURS BY FUNDING SOURCE |  |
| S OURCE | DATE | DATE | DATE | DATE | DATE | DATE | DATE |  | DATE | DATE | DATE | DATE | DATE | DATE | DATE |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SUN | MON | TUES | WED | THUR | FRI | SAT | SUN | MON | TUES | WED | THUR | FRI | SAT |
| **Client Direct Maintenance**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **Non-direct Shelter Maintenance** |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| DAILY TOTAL |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| MY ONLINE SUBMISSION OF THIS FORM CONFIRMS THAT THE ENTRIES ON THIS REPORT ARE, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND TRUE. |  |
| VOLUNTEER SIGNATURE | VOLUNTEER NAME | TITLE | DATE |  |
|  |  |  |  |
|  | Volunteer/Intern |  |  |
| SUPERVISOR SIGNATURE | SUPERVISOR NAME | TITLE | DATE |  |
|  |  |  |  |
| Callie Belt | Volunteer Coordinator |  |  |