Send to:
Florida Archaeology Month 2008
c/o St. Augustine Archaeological Association
PO Box 1301
St. Augustine, FL 32085-1301

DOCUMENTATION OF DONATED OR IN-KIND SERVICES
(Use This Form to Report Professional and/or Non-Professional Hours)

Project Title: **Florida Archaeology Month 2008**

Name of Volunteer:_____

Type of Work Performed:_____

Hourly rate of $ Plus Benefits (% or Hrly) $ _____ = Total Rate of Pay$_____
(For Non-Professional Hours, use the federal Minimum Hourly Wage Rate - $6.67)

BEGINNING DATE OF REPORTING PERIOD	ENDING DATE OF REPORTING PERIOD	TOTAL WORK HOURS	HOURLY RATE*	VALUE (HOURS X RATE)

_____**Hours** **$**_____
Total Hours Claimed Total Amount Claimed

ATTACH PAYROLL REGISTERS FOR ALL PAY PERIODS LISTED ABOVE

Note to Professionals Claiming a "Professional Rate"(not minimum wage):
Please also complete the following:

Based on my professional experience as a _____ , my hourly rate for services donated is $_____ .

_____ _____
Date Signature of Employee

_____ _____
Date Signature of Project Supervisor