TDA 319 NPS Program: Documentation of Donated Time (i.e., labor) for Match

Project Name: _____ Grantee: _____

Edison ID: _____ Period of work: _____ to _____ (should match "Invoice Period" from Reimbursement Request)

Record of Donated Time:

Date Time was Donated:	Name of Person Donating Time:	Description of Work Done	Pay Rate ($ per hour):	Total Time Donated (hours)	Total Value of Time Donated ($):
			TOTAL:		$ 0.00

I certify that this record is accurate to the best of my knowledge:

_____ _____ Date: _____

(Sign) Project Manager, for the 319 Grantee (Type Name)

AG-0681