



Herb Society of Manitoba

PO BOX 61004 RPO GRANT PARK
WINNIPEG, MB R3M 3X8

Receipt Voucher for Volunteer Services

| | |
|---------------------------|-------------------------|
| Name of Volunteer: | Month/Year: |
| Address: | Volunteer Duty*: |
| City, Province: | |
| Phone: | |
| E-mail: | |

| Date | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 | 13 | 14 | 15 | | Total hours |
|------------------------------|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|-------------|
| Volunteer hours | | | | | | | | | | | | | | | | | |
| Date | 16 | 17 | 18 | 19 | 20 | 21 | 22 | 23 | 24 | 25 | 26 | 27 | 28 | 29 | 30 | 31 | |
| Volunteer hours | | | | | | | | | | | | | | | | | |
| Total volunteer hours | | | | | | | | | | | | | | | | | |

1. By my signature below, I certify that I served as a volunteer to the Herb Society of Manitoba for the hours as noted above and did not receive compensation for my services.

Print Name _____

Volunteer Signature _____ Date _____

2. By my signature below, I acknowledge receipt of the above-mentioned volunteer services.

Print Name _____

Authorized Committee Chair _____ Date _____

** Volunteer Duties: (1) Herb garden, (2) HerbFest, (3) Hospitality, (4) Committee positions, (5) Library, (6) Exhibits*