RECREATIONAL TRAILS PROGRAM

DATA SHEET SUMMARIZING VOLUNTEER LABOR

 **PROJECT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PROJECT NO.­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_\_\_\_\_\_\_ ­­­­**

**REIMBURSMENT NO.­­­­­­­­­­­­­­­­­ \_\_\_\_\_\_\_**

| **Period Covered** | **Volunteer Name** | **Description of Work** | **Hourly Rate** | **Number of Hours** | **Total Value**  | **Notes** |
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|  |  |  |  | **Total** |  |  |

**Signed Volunteer Daily Timesheets must be included with reimbursement request. A copy of the independentsector.org webpage showing the volunteer rate for the period covered must accompany the reimbursement request.**

CERTIFICATION: I certify, to the best of my knowledge and belief, the billed costs for this reimbursement request are in accordance with the terms of the RTP project agreement and that the reimbursement represents the reimbursement share due, which has not been previously requested, and that an inspection has been performed and all work is in accordance with the terms of the grant. In addition, I certify compliance with applicable federal and state regulations including, but not limited to, 2, 23 and 49 CFR, Federal, State and Local Laws and Regulations, the RTP DBE policy, Virginia Swam requirements, the construction provisions for federal-aid projects as outlined in FHWA 1273, the Buy America and Build America, Buy America Act, and the IIJA.

Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_