



**RETURN FORMS TO:**  
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**In-Kind Matching Services for Nongame and Endangered Wildlife Projects**

N.C. Wildlife Resources Commission, Division of Wildlife Management

Nongame and Endangered Wildlife Program

This information is needed to ensure that we continue to qualify for and receive funding for our nongame and endangered wildlife projects. Please fill in the following information and sign your name. Enter the number of **HOURS** you assisted with the project activity, the number of **MILES** you drove to and from the location, and the cost of any **MEALS** you paid for during the project activity. If you spent money on materials for the activity, enter the amount under **EXPENSES** and attach a receipt or an explanation. **Thank you for your interest and support of the North Carolina Nongame and Endangered Wildlife Program.**

<b>Name (Please Print - Last, First, MI)</b>			<b>Social Security No. or Driver's License</b>			
	<b>Date</b>	<b>Volunteer Activity</b>	<b>Hours</b>	<b>Miles</b>	<b>Meals</b>	<b>Expenses</b>
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
<b>PLEASE CHECK ONE ACTIVITY BLOCK</b>		<b>NCPARC</b>	<b>Totals</b>			
		<b>FROG SURVEYS</b>	<b>Hours</b>	<b>Miles</b>	<b>Meals</b>	<b>Expenses</b>
		<b>OTHER:</b> _____	<b>SUBMIT REPORTS MONTHLY</b>			

*Certification of Accuracy: I hereby certify that the foregoing information is correct to the best of my knowledge and represents a true and accurate record to my volunteer participation.*

\_\_\_\_\_  
**Volunteer's Signature**

\_\_\_\_\_  
**Date**

**NCWRC USE ONLY**

Nongame Project Leader/Biologist		Date
Location of Activity	County	District
Type of Activity	Number of Volunteers	FA Code