

Tobacco Heritage Trail Project  
In-Kind Contribution

Volunteer name					
Address					
Phone					
Organization					
Date	#Hours	Miles	Mileage rate**	Mileage	Equipment &/or Purpose
			\$0.445	\$0.00	
<b>TOTALS</b>					
I certify that the above listed hours and rate are accurate and relate to the project.					
Signature			Date		
**VDOT approved mileage rate					