

Type of Activity



RETURN FORMS TO:

Matthew Godfrey Sea Turtle Biologist NC Wildlife Resources Commission 1507 Ann St. Beaufort NC 28516 matt.godfrey@ncwildlife.org

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 wildlif 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. Than you for your interest and support of the North CarolinaNongame and Endangered Wildlife Program.

Driver's License No. Name (Please Print - Last, First, MI) Meals **Expenses** Miles Hours Date Volunteer Activity 2. 3. 4. 5. 6. 8. 9. 10. PLEASE SEA **Totals CHECK** TURTLES Hours Miles Meals **Expenses** PEREGRINE ACTIVITY FALCONS SUBMIT REPORTS MONTHLY **BLOCK** OTHER: 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. Date Volunteer's Signature NCWRC USE ONLY Date Nongame Project Leader/Biologist District County Location of Activity **FA** Code Number of Volunteers