

Olympia Chapter
ASG, Inc.
COMMUNITY SERVICE TRACKING FORM

PROJECT NAME:			
PROJECT CHAIR:			
Start date:		Completion date:	
Total items completed:		Total project hours:	
Total cost of materials:		Purchased %	Donated %
Donor(s) of materials:		Value of donation	
RECIPIENT(S) OF COMPLETED ITEMS:			
Name, address, phone, contact person	Items received	Maintain confidentiality?	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
		<input type="checkbox"/> Yes	
Participants in project	Items completed	Total hours worked	

