



VOLUNTEER HOURS TRANSMITTAL MEMO

(Please note that any part of an hour qualifies as one hour of service.)

To: Norma Trevino
 on behalf of Sue Loudis
 Coordinator
 Partnerships and Volunteers

From: _____
 Campus Volunteer Liaison Name
 or
 PTA Volunteer Chairman Name

Volunteer records from:

For the month of:

 Campus or department

 2012-2013 school year.

THE TOTAL NUMBER OF HOURS RECORDED FOR THE MONTH IN THE FOLLOWING CATEGORIES ARE:	
Category	Number of Hours
V-Soft System	
Additional Hours not in V-Soft	
Total number of hours for the month	

Comments or Questions: _____

Send via email to norma.trevino@springbranchisd.com or in district mail to the Administration Building c/o Community Relations Dept. or 713-251-2468 (Amy Byrom)