

REHABILITATION LABOR RECEIPT

INCLUDE *DONATED LABOR (see below).
Submit with Rehabilitation Report.

Laborer's Name: _____

Address: _____

Date Service Provided: _____

READ CAREFULLY AND COMPLY

1. Labor must be described specifically to be eligible.
2. "General Maintenance" must be described for eligibility consideration; and
3. Do not list ineligible labor on labor receipt/report (refer to "List of Eligibles" if unsure):

NOTE: Unless otherwise approved by IDOA County Fair Office for eligible rehabilitation purposes, the following EQUIPMENT and/or LABOR are NOT eligible:

- OFFICE/KITCHEN HELP AND/OR EQUIPMENT/APPLIANCES
- OPERATIONAL LABOR INCLUDING CLEANUP (setting up/tearing down prior to and following fair)
- CLEANING, MANURE/SNOW REMOVAL/EQUIPMENT and/or GARBAGE REMOVAL
- EQUIPMENT RENTALS

If labor is not described specifically other than "Gen. Maint", it will not be eligible.

Amount

| | | | |
|----|-------|----|-------|
| 1. | _____ | \$ | _____ |
| 2. | _____ | | _____ |
| 3. | _____ | | _____ |
| 4. | _____ | | _____ |
| 5. | _____ | | _____ |
| 6. | _____ | | _____ |
| 7. | _____ | | _____ |
| 8. | _____ | | _____ |

TOTAL: \$ _____

DATE: _____

Laborer's Signature -"I hereby certify that I have received payment in full for the above service(s) rendered or donated it."

***DONATED LABOR:** Effective July 1, 2011 (FY12), donated labor is eligible ONLY as matching funds or cost share for reimbursement described in the Act. If Donated Labor is NOT labeled as such, it will NOT be considered as match/cost share.

IMPORTANT NOTICE: This state agency is requesting disclosure of information that is necessary to accomplish the statutory purpose as outlined under 30 ILCS 120/1. Failure to provide this information shall prevent this form from being processed. This form has been approved by the State Forms Management Center. IL-406-1577