

ASG COMMUNITY SERVICE PROJECT REPORT

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

