

REHABILITATION



LABOR RECEIPT

INCLUDE DONATED LABOR.

Submit with Rehabilitation Report.

Laborer's Name: _____

Address: _____

Date Service Provided: _____

READ CAREFULLY AND COMPLY

1--SPECIFY - SPECIFY - SPECIFY TYPE(S) OF LABOR TO BE ELIGIBLE.

2--"GENERAL MAINTENANCE" must be specified for eligibility consideration.

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 (i.e.; setting up/tearing down prior to and following fair);
- CLEANING, MANURE/SNOW REMOVAL/EQUIPMENT and/or GARBAGE REMOVAL;
- and
- EQUIPMENT RENTALS.

IF NOT SPECIFICALLY DESCRIBED, LABOR WILL NOT BE ELIGIBLE.

Amount

		\$
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____

(attach additional page(s) if more labor)

TOTAL: \$ _____

Date: _____

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

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