Your Name: _____ Date: _____

ACE Hours Report for Tennessee Master Gardeners

Category A,C, or E	CEU's	Date MM/DD/YY	Hours	Mileage	# of Contacts (if Applicable)	$ Spent (Not Reimbursed)	Complete Description of the Activity Speaker, Topic and Activity	Location where Activity Took Place

Total _____ A = Administrative; hours contributed while working for the Master Gardener organization or the Agricultural Extension Service.

Total _____ C = Community; hours contributed while working on Master Gardener approved community projects

Total _____ E = Eduction; hours contributed while teaching or preparing Master Gardener or Agricultural Extension Service educational programs

Total _____ Continued Educational Units (CEU's) are educational programs attended by Master Gardeners. CEU must be approved by Extension Agent

Total _____ Miles = Mileage to and from volunteer ACE service; Mileage and travel time do not count for CEU opportunites.

Total _____ # of Contacts = Number of persons reached in this activity, if applicable.

Total _____ $ Spent; include any expenses you encountered for the completion of this activity (e.g. notebooks, duplicating, tolls, posterboard, etc.)