PILLSBURY United Communities
Creating choice, change and connection

COMMUNITY BARTER NETWORK

Service Provided:	**Date Service Provided:** *Dates MUST occur within a one month time period.*	**Number of Credits Earned:** *Round Credits UP to the nearest ¼ hour.*
Total number of credits earned:		

We agree that the service was provided as stated above:

	Name:	Phone:	Signature:	Date:
Consumer		( )		
Provider		( )		

Consumer Evaluation

- To be filled out by the Consumer -

My overall experience of this CBN transaction was: *(please check one)*

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Unacceptable

Please tell us why: _____

Please suggest ways to improve the CBN program: _____

Provider Evaluation

- To be filled out by the Provider -

My overall experience of this CBN transaction was: *(please check one)*

☐ Excellent ☐ Good ☐ Fair ☐ Poor ☐ Unacceptable

Please tell us why: _____

Please suggest ways to improve the CBN program: _____

I wish to DONATE a portion of my credits earned: **Optional Credit Donation**

# of credits

_____ CBN Program fund (administrative support for CBN)

_____ CBN Community Credit or Time Dollar Store Fund (for those unable to give service)

_____ Another CBN participant (Name)

Powderhorn Park Neighborhood Association

*The **Provider** is responsible for the return of this form.*

Return to:
CBN/Pillsbury House
3501 Chicago Avenue ▪ Minneapolis, MN 55407
PHONE: (612) 824 – 0708 FAX: (612) 827 - 5818

*Forms received **after** the deadline will be entered with a credit of **"zero"** for both the Consumer and the Provider.*

For Office Use Only:

Date Entered:	Initials: