Volunteer Services - Individual Time Sheet

Volunteer: _____ Month_____
(Please Print)

Station: _____ Box ***must*** be "**X**" if reimbursement is desired ❑

Date	Opportunity/Assignment	# of Hours	Meal paid By Station	# of Miles (Portal-to-Portal)

This report ***must*** be broken down by day and have a personal signature by BOTH the Volunteer & Station Supervisor if the Volunteer is requesting mileage/meal reimbursement.

(SEE SAMPLE ON BACK)

Volunteer Signature _____

Station Supervisor Signature _____

Thank you for... Volunteering!!

RSVP
204 Laurel St #11
Brainerd MN 56401
Fax: 218-824-1346 PHONE: 218-824-1345
E-Mail: RSVP@co.crow-wing.mn.us

PLEASE send by the 5th of the month to assure proper processing.

For Office Use Only ---- Authorized by _____			
Station			
Meal in-Kind			
Transport In-Kind			
Transport by RSVP			
Hours			

Volunteer Services - Individual Time Sheet

Volunteer: John Doe Month April 2011

(Please Print)

Station: School Box ***must*** be "**X**" if reimbursement is desired ☒

Date	Opportunity/Assignment	# of Hours	Meal paid By Station	# of Miles (Portal-to-Portal)
04/01/11	Reading to children at the school	4		8
04/06/11	Reading to children at the school	3		8
04/12/11	Reading to children at the school	6		8
04/26/11	Reading to children at the school	4		8

SAMPLE

This report ***must*** be broken down by day and have a personal signature by BOTH the Volunteer & Station Supervisor if the Volunteer is requesting mileage/meal reimbursement.

Volunteer Signature *John Doe*

Station Supervisor Signature *Susan Smith*

Thank you for... Volunteering!!

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Key components for Mileage reimbursement request
1) Volunteer Name
2) Reimbursement Box marked ☒
3) Specific dates broken out
4) Hours broken down by date
5) Miles broken down by date
6) Volunteers Signature
7) Station Supervisors Signature