RSVP: Jefferson County

# VOLUNTEER TIME & REIMBURSEMENT FORM

| DATE | TOTAL TIME | TOTAL MILES | DESTINATION | OTHER |
|---|---|---|---|---|
| __/__/__ | ___hr(s)___min | ____miles | | |
| __/__/__ | ___hr(s)___min | ____miles | | |
| __/__/__ | ___hr(s)___min | ____miles | | |
| __/__/__ | ___hr(s)___min | ____miles | | |
| __/__/__ | ___hr(s)___min | ____miles | | |
| __/__/__ | ___hr(s)___min | ____miles | | |
| __/__/__ | ___hr(s)___min | ____miles | | |
| __/__/__ | ___hr(s)___min | ____miles | | |
| __/__/__ | ___hr(s)___min | ____miles | | |
| **Current Reimbursement: 20 cents/ mile with a $30 dollar limit on total reimbursement each month** | **TOTAL ___hr(s)___min** | **TOTAL ____miles** | **X $.20** | **TOTAL TO BE REIMBURSED $_____._____** |

Reported Month _____Year_____

Volunteer Name (Please Print)_____ Volunteer Signature _____Date_____

Volunteer Address_____

Site Representative (Please Print)_____ Site Representative Signature _____Date_____

Site_____Address_____Phone_____

RSVP Director Name (Please Print)_____ Signature _____Date_____

Info entered into the computer (Date) __/__/__ by (Please Print)_____Signature_____

**After the volunteer & the station representative have signed this form please fax it to: RSVP at (740) 346-0798**