



TIMESHEET & MILEAGE REIMBURSEMENT REQUEST

Address: 42 S State St Clearfield, UT 84015

Phone: 801-525-5094 Fax: 801-525-5051

Return to the RSVP Office by the 3rd of the following month

Volunteer Name _____ Month _____ 20__

Mailing Address _____ City/ZIP _____

This is a new address

Station Name _____ Auto insurance on file? Yes No

Date	Volunteer Assignment	# Hours	Odometer Start*	Odometer End*	# Miles	**Meals	*Enter the actual start and stop odometer readings for Each Trip ** Enter an X if you received a free meal while volunteering.
1							
2							
3							
4							
5							
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23							
24							
25							
26							
27							
28							
29							
30							
31							
Total							

IMPORTANT!
Please obtain your volunteer station supervisor's signature before submitting.

FOR OFFICE USE ONLY:

Mileage Reimbursement
_____ Miles
\$ _____ Per Mile

Total Reimbursed
\$ _____

VOLUNTEER:By signing below, I certify that this statement and the amount claimed are true, correct, and complete to the best of my knowledge. I certify that I possessed a valid driver's license and the liability insurance in the minimum amount required by law was in force at the time of this travel.

STATION SUPERVISORS: By signing below, I certify that to the best of my knowledge this claim is true and correct.

X _____ X _____ X _____
RSVP Volunteer Signature RSVP Station Supervisor Signature RSVP Staff Signature