

# RSVP

## Lead With Experience

### DAVIS COUNTY RSVP

#### TIMESHEET and MILEAGE REIMBURSEMENT REQUEST

**Mailing Address:** PO Box 618, Farmington, UT 84025

**Physical Address:** 42 South State Street, Clearfield, UT 84015

Telephone: (801) 525-5094 or 525-5052

Fax: (801) 525-5051

**Return to the RSVP Office by the 10<sup>th</sup> of the following month**

Volunteer Name (Print) \_\_\_\_\_ Month \_\_\_\_\_, 20\_\_\_\_

Mailing Address \_\_\_\_\_ City/Zip \_\_\_\_\_

Station Name \_\_\_\_\_ Auto Insurance Information on File? **Y** or **N**

Date	Volunteer Assignment	# of Hours	^Start Odometer	^End Odometer	Auto miles	*Meals	
1							*Enter an "X" if you received a free meal while volunteering. Leave blank if no meal is received. ^Enter actual start and stop odometer readings for each trip.
2							
3							
4							
5							
6							
7							
8							
9							<b>IMPORTANT!</b>  Please obtain your volunteer station supervisor's original signature before submitting!
10							
11							
12							
13							
14							
15							
16							
17							<i>For Office Use Only:</i>  Mileage Reimbursement  _____ miles X  _____ per mile =  Total Reimbursement:  \$
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
<b>TOTALS</b>							

**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 that liability insurance in the minimum amount required by law was in force at the time of this travel. **STATION SUPERVISOR:** By signing below, I certify that to the best of my knowledge this claim is correct and true.

X \_\_\_\_\_  
RSVP Volunteer Signature

X \_\_\_\_\_  
RSVP Station Supervisor Signature

X \_\_\_\_\_  
RSVP Project Manager Signature