



TIMESHEET and MILEAGE REIMBURSEMENT REQUEST

Mailing Address: PO Box 369, Rustburg, VA 24588
 Telephone: (434) 332-9570

Physical Address: 34 Rails End Lane, Rustburg, VA
 Fax: (434) 332-9593

Return to the RSVP Office by the 10th 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	
1						*Enter MP if a meal was provided while serving, BB if you brought a brown bag meal or the actual expense if you paid for a meal and request reimbursement. Leave blank if no meal is received. Meals will be reimbursed consistent with sponsor policy.
2						
3						
4						
5						
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11						
12						
13					^Enter actual start and stop odometer readings for each trip.	
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24						
25						
26						
27						
28						
29						
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31						
TOTALS						IMPORTANT! Please obtain your volunteer station supervisor's original signature before submitting! <i>For Office Use Only:</i> Mileage Reimbursement _____ miles X _____ per mile = Total Reimbursement: \$

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.

 RSVP Volunteer Signature Date Station Supervisor Signature Date RSVP Staff Signature Date