

RSVP Volunteer Time and Expense Report

For the Month of: _____

Name: _____

Requesting mileage reimbursement? Yes No

Address: _____

_____, CA Phone: _____

Volunteer signature: _____

If I am using my own vehicle for transportation, my signature above certifies that I possess a valid California driver's license and have sufficient public liability and property damage insurance at least equal to the requirements of the financial responsibility laws of the State of California.

Important: All timesheets requesting mileage reimbursement must be received before the 30th of the following month and signed by the work station supervisor.

Work Station 1				Work Station 2				Work Station 3				Office Use Only
Supervisor's signature:				Supervisor's signature:				Supervisor's signature:				
Date	# of Hrs.	# of Miles	Bus Fare	Date	# of Hrs.	# of Miles	Bus Fare	Date	# of Hrs.	# of Miles	Bus Fare	Received:
												Computer:
												Director:
												Mailed:
												Totals:
												Hours:
												Miles:
												x.17¢ = \$
												Bus: \$
												Acct. #06-00-02-5202
												Vendor No:
												Entered by:
												Date:
												PAID
												Chk#:
												Date:
Totals												

The following are required by federal guidelines and RSVP:

HOURS

- **Please submit your completed RSVP Volunteer Time & Expense Report at the end of each month.**
- All reports must be signed by the volunteer and the station supervisor.
- Volunteer hours should be broken down by hours worked each day.
- All volunteer hours must be recorded by the RSVP office, so use this Volunteer Time & Expense Report to report your hours.
- Your supervisor at your job site will check dates, hours and mileage.
- Notify the RSVP office if you will not be reporting any hours for three months or longer.

INSURANCE

- In order to be covered by RSVP's insurance, volunteers must report their hours for each month worked.

MILEAGE REIMBURSEMENT

- All timesheets requesting mileage reimbursement must be received by the 30th of the following month.
- Mileage reimbursement will be issued only for the distance driven to and from your home and the registered job site.
- 100 miles per month is the maximum that can be reimbursed for a volunteer at the rate of .17¢ per mile.
- Reimbursement checks will be issued monthly if the claim amount totals \$10.00 or more. If the reimbursement is less than \$10.00, the claim will be held until the following month or until the claim amount totals \$10.00 or more.
- Volunteers using the bus will be reimbursed for a maximum of \$17.00 per month. Bus receipts are to be submitted along with the the completed RSVP Volunteer Time & Expense Report.
- **Without station supervisor signature, requests for mileage reimbursement will not be processed.**

Moving? Name change? Questions? - call the RSVP office at (530) 271-0255 or FAX us at (530) 271-0849.

We can also be reached at rsvp@nccn.net.

***RSVP Retired & Senior Volunteer Program
471 Sutton Way, Suite 202
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