



TIMESHEET/TRAVEL REIMBURSEMENT  
**CASOKY-AMERICORPS SENIORS-RSVP**



MONTH \_\_\_\_\_

V# \_\_\_\_\_

Volunteer Name \_\_\_\_\_ Station Name \_\_\_\_\_

Vol. Address \_\_\_\_\_ Station Address \_\_\_\_\_

DATE	HOURS	JOB ACTIVITY: EX: HDM; FRIENDLY VISITING; PHONE PAL; COMMODITIES; FOOD PANTRY; MEDICAL SERVICES	Check here for mileage reimbursement	SC VOLS: CHECK EACH DAY MEAL IS EATEN	NUMBER OF PERSONS SERVED AT STATION

**\*\*MILEAGE REIMBURSEMENT IS NOW \$70.00 PER STATION IN ACCORDANCE WITH FEDERAL BUDGET\*\***

By signing below, I certify that this statement & the amount claimed are true, correct & complete to the best of my knowledge. I certify that I possessed a valid driver's license & active liability insurance as Kentucky state requires.

Volunteer Signature \_\_\_\_\_

TOTAL HOURS \_\_\_\_\_

Station Supervisor Signature \_\_\_\_\_

TOTAL MILES \_\_\_\_\_

RSVP Project Director Signature \_\_\_\_\_

REIMBURSEMENT \_\_\_\_\_

#Home delivered meals \_\_\_\_\_ #Medical Services Clients \_\_\_\_\_ #transportation/mentoring units \_\_\_\_\_ #food boxes distributed \_\_\_\_\_ #unduplicated persons \_\_\_\_\_  
 #friendly visits/phone calls \_\_\_\_\_ #Referrals \_\_\_\_\_

**My signature below verifies the volunteer received the number of meals indicated during their volunteer service. Funding for meals was not from another federal source unless authorized by law.**

Station Supervisor Signature \_\_\_\_\_