



Volunteer #

# Foster Grandparent Program Volunteer Time Sheet



<b>Name</b>				<b>Period Ending</b>		
<b>Home Address</b>						
<b>Volunteer Station</b>						
DATE	Weekday	START TIME	END TIME	# of Hours	Lunch Free or \$3.50	# of MILES or Bus Fare
	MONDAY					
	TUESDAY					
	WEDNESDAY					
	THURSDAY					
	FRIDAY					
	MONDAY					
	TUESDAY					
	WEDNESDAY					
	THURSDAY					
	FRIDAY					
				<b>Hours</b>	<b>Meals</b>	<b>Miles x0.53</b>
<b>TOTAL</b>						
<b>Names of assigned children:</b>				<i>Office Use Only</i>		
				Regular Hrs		
				Vacation Hrs		
				Sick Hrs		
				Total Hours		
<b>Names of children no longer assigned:</b>				x 3.15		
				TOTAL		
	140000-	140000-544	140000-590	140000-520		
IN-KIND	OTHER	MEALS	TRANSPORTATION	STIPENDS		TOTAL

I certify that this statement, the amounts claimed, are true, correct and complete to the best of my knowledge and belief, and that payment for the amount has not been received. Volunteer was accompanied at all times

Volunteer Signature

Supervisor Signature

FGP Director