



AmeriCorps
Seniors

Volunteers *Make Communities Great!*

Timesheet / Mileage & Meal Reimbursement

RSVP of SI

Volunteer Name (Print): _____ Month: _____ 20__

Mailing Address: _____ City/Zip: _____

Station Name(s): _____

Day of Month	Volunteer Station, if different ones	# of Hours	Miles	Meal Cost	
1					<u>Please enter:</u> 1. Your info at top 2. Volunteer station, if different ones 3. Hours volunteered by day 4. Miles driven 5. Meal costs, if any 6. <i>Supervisor's signature</i>
2					
3					
4					
5					
6					
7					<i>Leave Meal Cost blank</i> if no meal is received. Meals will be reimbursed consistent with sponsor policy.
8					
9					
10					
11					
12					
13					<u>For Office Use Only:</u> Reimbursements _____ miles x _____ per mile = \$ _____ mileage amount _____ meals x _____ per meal = \$ _____ meal amount \$ _____ grand total
14					
15					
16					
17					
18					
19					
20					
21					
22					

Day of Month	Volunteer Station, if different ones	# of Hours	Miles	Meal Cost	
23					
24					
25					
26					
27					
28					
29					
30					
31					
TOTAL					

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.

Please return to the RSVP of SI office by the 10th of the following month

Volunteer Signature

Date

Station Supervisor Signature

Date

RSVP of SI Project Director or Coordinator

Date

Please return to the RSVP of SI office by the 10th of the following month:

RSVP of SI
c/o Egyptian AAA
200 E Plaza Dr
Carterville, IL 62918

Email: RSVP@egyptianaaa.org
Telephone: 888-895-3308, ext. 113 or 107
Fax: (618) 985-8315