



Make Our Communities Great Again!

## Timesheet & Mileage/Meal Reimbursement

### RSVP of SI

Volunteer Name (Print): \_\_\_\_\_ Month: \_\_\_\_\_ 20\_\_

Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Station Name: \_\_\_\_\_ Is the auto insurance on file, current? Yes \_\_\_ No \_\_\_

Day of Month	Volunteer Station	# of Hours	Start Odometer	End Odometer	Miles	Meal Cost	
1							Enter actual start and end figures from your vehicle's odometer for each trip.
2							
3							
4							Enter <b>MP</b> if a meal was provided while serving, <b>BB</b> if you brought a brownbag meal or the <b>actual expense</b> if you paid for a meal and request reimbursement. <b>Leave blank</b> if no meal is received. Meals will be reimbursed consistent with sponsor policy.
5							
6							
7							
8							
9							
10							IMPORTANT Please obtain your volunteer station supervisor's original signature before submitting!
11							
12							
13							
14							
15							
16							
17							
18							
19							
20							
21							

Day of Month	Volunteer Station	# of Hours	Start Odometer	End Odometer	Miles	Meal Cost	<i>For Office Use Only:</i> Mileage Reimbursement _____ miles x _____ per mile = \$ _____ total amount
22							
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.

**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 10<sup>th</sup> of the following month:

RSVP of SI  
200 E Plaza Dr  
Carterville, IL 62918

Email: [RSVP@egyptianaaa.org](mailto:RSVP@egyptianaaa.org)  
Telephone: (618) 985-8311 or 1-888-895-3308  
Fax: (618) 985-8315