Mailing Address: 951 Eastport Centre Drive Telephone: (219) 464-3583

Valparaiso, IN 46383 Fax: (219) 516-1001

**Return to the RSVP office by the 5th of the following month to Evelyn Harris at: evelyn@unitedwaynwi.org.**

Volunteer Name **(Print)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20 \_\_\_\_\_\_\_\_\_\_\_

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

Station: **Meals on Wheels La Porte County** Supervisor: **\_\_\_\_\_\_\_\_\_\_\_**Email: \_\_\_\_\_\_\_\_\_**@laportecountymealsonwheels.org** Phone: **219-872-9117**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Volunteer Assignment** | **Hours Worked** | **Total Miles** | **Mileage Refund (X)** | **Number**  **Served** | **MILEAGE REIMBURSEMENT ELIGIBILITY**  **Volunteers from *approved* stations will be reimbursed for mileage when carrying out approved volunteer assignments that *require* the use of their personal vehicle. Volunteers requesting mileage must sign their timesheet in order to be reimbursed.**  **\*\*\*\*\*\*\*\*\***  **Volunteers who are not eligible to receive mileage reimbursement are *not* required to sign their timesheet.** |
| 1 |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |
| 13 |  |  |  |  |  | **TIMESHEETS**  **Timesheets submitted after the due date will be processed for hours only, (not mileage).** |
| 14 |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |
| 16 |  |  |  |  |  |  |
| 17 |  |  |  |  |  |  |
| 18 |  |  |  |  |  |  |
| 19 |  |  |  |  |  | **STATION MANAGER’S**  **SIGNATURE**  **All timesheets must be signed by the station supervisor before submitting.** |
| 20 |  |  |  |  |  |  |
| 21 |  |  |  |  |  |  |
| 22 |  |  |  |  |  |  |
| 23 |  |  |  |  |  |  |
| 24 |  |  |  |  |  |  |
| 25 |  |  |  |  |  |  |
| 26 |  |  |  |  |  | **RSVP BENEFITS**  **All volunteers must submit a timesheet in order to maintain an “active” status and receive all RSVP benefits!** |
| 27 |  |  |  |  |  |  |
| 28 |  |  |  |  |  |  |
| 29 |  |  |  |  |  |  |
| 30 |  |  |  |  |  |  |
| 31 |  |  |  |  |  |  |
| **TOTALS** |  |  |  |  |  |  |

**VOLUNTEER:** 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 & that the 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 & true.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**RSVP Volunteer Signature Date Station Supervisor Signature Date RSVP Staff Signature Date**