

RSVP Monthly Volunteer TIME report



Circle One:

- Transportation Station Telephone
- Lifeline/Freedom Alert
- Home Companion

Volunteer Name: _____ County: _____

Trip #	Date of Service	Start Time	End Time	Total Hours	<u>Client Name</u> Transportation, Telephone, Home Companion	<u>Brief description of service activities</u> Transportation: Please indicate each stop made where the client exited the vehicle. Ex: Dr. appt., grocery store, pharmacy, home w/ specific destination. Station: Cashier, tour guide, front desk, library	Donation Amount	Client Initials	Drove RSVP Van? Y or N	Personal Vehicle Total Miles Driven	
Total Hours					Total Donations				Total Miles		

Please be sure to keep this timesheet accurate and submit to your Field Representative or, if based in Carson City, the Carson City RSVP office no later than the 3rd day of the month! If the 3rd falls on a holiday or weekend, timesheets are due the next scheduled workday. Reimbursement checks will be mailed no later than the 20th of each month.

By signing this document, I certify that I have served these hours.

Station Supervisor/Field Rp. Signature: _____

Volunteer's Signature: _____

RSVP Staff Signature: _____

For Office Use Only: ____ FHN ____ ADSD ____ CNCS ____ NV Energy