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CORNERSTONE

Community Action Agency

**RETIRED AND SENIOR VOLUNTEER PROGRAM**

# 114 Needham Street, Coleman, Texas 76834

(325) 625-4167 FAX (325) 625-3335

Email: [rsvp\_vita@ctoinc.org](mailto:rsvp_vita@ctoinc.org)

**Timesheet and Mileage Reimbursement Request**

**** Month/Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



**with**

**Experience**

# 

Volunteer Name (Please Print): Volunteer Station: \_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Auto Ins. \_\_Yes\_\_No

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Date(s): | Volunteer Assignment | Total Miles | # of Hours | # People Served | **Timesheets are due by the 1st of the following month** | **Schedule for Mileage Reimbursement**  Quarterly, timesheets will be processed so that a mileage reimbursement check can be sent out. The below schedule reflects when you will receive the check.  Timesheets must be turned in by the 1st of the following month you volunteered so that you will receive your check on time. |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  | **Important! Volunteer Station Supervisor must sign before submitting** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  | *For Office Use Only:*  Mileage Reimbursement  -------miles X  .\_53\_5 per mile = Total Reimbursement  $ \_\_\_\_\_\_\_\_ \_ |
|  |  |  |  |  | Volunteer months of July, August, & September Reimbursement check mailed **before October 30th.** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  | Volunteer months of October, November & December Reimbursement check mailed **before January 28th.** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  | Volunteer Months of January, February & March Reimbursement check mailed **before April 30th.** |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  | Volunteer months of April, May & June Reimbursement check mailed **before July 30th.** |
|  |  |  |  |  |
| **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 requirement by law was in force at the time of this travel. I certify that mileage reported is in conjunction with volunteer services. **Station Supervisor:** By signing below, I certify that to the best of my knowledge this claim is correct and true.

## RSVP Volunteer Signature

RSVP-2601-032621

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