RSVP

Retired Senior Volunteer Program
Northern Arizona University
P.O. Box 5063
Flagstaff, AZ 86011-5063
(928) 523-6585
Fax (928) 523-9189

****Station Coordinator Must Verify and Sign!****

Quarterly time sheet: Circle one Jan/Feb/March
April/May/June July/Aug/Sept Oct/Nov/Dec

Volunteer Station:_____

Volunteer Name:_____

Volunteer Address_____
City and Zip Code:_____
Phone Number: _____

Volunteer Signature:_____

Date	Hours Served Start	Finish	Total Hours	Mileage	Volunteer Activities
					How did someone/something directly benefit
					from your volunteer service this quarter?
					Total hours
					Total Mileage

IF NOT CHECKED, REIMBURSEMENT WILL NOT BE MADE

Mileage __Yes
__No

Please check if you:
__Drive own car
__Ride w/someone
__Ride in Van
__Walk

For RSVP office use only
RSVP Director_____
Date in VR:

Total Reimbursement_____

Effective July 1, 2006 mileage will be reimbursed only for days volunteers have served three hours our more.

Use back side if necessary.

Volunteer Name ____

Date	Hours Served Start Finish	Total Hours	Mileage	Volunteer Activities