

# RSVP Volunteer Time and Expense Report

For the Month of: \_\_\_\_\_

Name \_\_\_\_\_

Requesting mileage reimbursement?  Yes  No

Address \_\_\_\_\_

**Volunteer's signature:** \_\_\_\_\_

Town \_\_\_\_\_, CA \_\_\_\_\_ Phone \_\_\_\_\_

If I am using my own vehicle for transportation, my signature above certifies that I possess a valid California driver's license and have sufficient public liability and property damage insurance at least equal to the requirements of the financial responsibility laws of the State of California.

Work Station 1				Work Station 2				Work Station 3				Office Use only
Supervisor's signature:				Supervisor's signature:				Supervisor's signature:				
Date	# of Hrs.	# of Miles	Bus fare	Date	# of Hrs.	# of Miles	Bus fare	Date	# of Hrs.	# of Miles	Bus fare	Received:
												Computer:
												Director:
												Mailed:
												<b>Totals:</b>
												Hours:
												Miles:
												X .17¢ = \$
												Bus: \$
												Acct. #06-00-02-5202
												Vendor No:
												Entered By:
												Date:
												<b>PAID</b>
												Check #:
												Date:
<b>TOTALS</b>												