



TIMESHEET/TRAVEL REIMBURSEMENT
 COMMUNITY ACTION OF SOUTHERN KENTUCKY
 MONTH _____



Volunteer Name _____ Station Name _____
 Vol. Address _____ Station Address _____

DATE	HOURS	JOB TITLE	JOB ACTIVITY	Check here for mileage reimbursement	Meal received	Person served Initials Or Signature

****MILEAGE REIMBURSEMENT MAXIMUM IS NOW \$60.00 IN ACCORDANCE WITH FEDERAL GRANT****

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 & liability insurance as state requires.

Volunteer Signature _____ **TOTAL HOURS** _____
 Station Supervisor Signature _____ **TOTAL MILES** _____
 RSVP Project Director Signature _____ **REIMBURSEMENT** _____
#Home delivered meals _____ **#unduplicated persons** _____ **#children mentored** _____ **Boxes of coupons mailed** _____
#food boxes distributed _____ **#unduplicated persons** _____ **#friendly visits/phone calls** _____

My signature below verifies the volunteer received the number of meals indicated during their volunteer service. Funding for meals was not from another federal source unless authorized by law.

Station Supervisor Signature _____