

Volunteer Service Record

Printed Name: _____

Month: _____ 2016

Hours and miles are the month's total. Mileage is reimbursed @ \$.40/mi. for driving for qualified programs with a **200 mile cap per month (\$80 maximum payment)**, or for medical transportation and home delivered meal miles there is no cap. *If you do not want mileage reimbursed please indicate that on your timesheet. Miles can be counted as a donation in-kind to RSVP and counted as a tax deduction.* Please complete monthly and send to: **CJ Grove Volunteer Coordinator, P.O. Box 2308 Silverthorne, CO 80498, fax 970-468-1208, or email to volunteers@nwccog.org.** If you have any questions, please call 970-468-0295 ext. 122. Reimbursement payments are not taxable income. **Please remember to have each Volunteer Site Supervisor sign in the space provided below**

(Month's Totals)

ORGANIZATION A NAME: _____ **Station Rep. Sig** _____

JOB PERFORMED	LOCATION of assignment	# DAYS	HOURS	MILES

ORGANIZATION B NAME: _____ **Station Rep. Sig** _____

JOB PERFORMED	LOCATION of assignment	# DAYS	HOURS	MILES

ORGANIZATION C NAME: _____ **Station Rep. Sig** _____

JOB PERFORMED	LOCATION of assignment	# DAYS	HOURS	MILES

ORGANIZATION D NAME: _____ **Station Rep. Sig** _____

JOB PERFORMED	LOCATION of assignment	# DAYS	HOURS	MILES

Volunteer signature: _____

Address: _____

Phone: _____

RSVP Representative _____ **Date** _____

For office use only: (Do not complete)

Pay out:\$ _____ Submitted: _____

Acct. Code 2915-7313 Paid date: _____