

BVCAP'S RSVP of Blackstone Valley and Northern Rhode Island



RSVP of Northern Rhode Island



**AmeriCorps
Seniors**

TIMESHEET and MILEAGE REIMBURSEMENT REQUEST

Mailing Address: 32 Goff Avenue, Pawtucket, RI 02863

Telephone: (401) 766-3734 x13 or (401) 723-4520 x257

Fax: (401) 725-6550 Email: kvega@bvcap.org

Return to the AmeriCorps Seniors RSVP Office by the 10th of the following month

Volunteer Name (Print) _____ Month _____, 20__

Mailing Address _____ City/Zip _____

Station Name _____ Auto Insurance Information on File? **Y** or **N**

Date	Volunteer Assignment	# of Hours	^Start Odometer	^End Odometer	Auto miles	*Meals	*Enter MP if you a meal was provided while serving, BB if you brought a brown bag meal or the actual expense if you paid for a meal and request reimbursement. Leave blank if no meal is received. Meals will be reimbursed consistent with sponsor policy. ^Enter actual start and stop odometer readings for each trip.
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TOTALS							IMPORTANT! Please obtain your volunteer station supervisor's original signature before submitting! For Office Use Only: Mileage Reimbursement _____ miles X _____ per mile = Total Reimbursement: \$

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 amount required by law was in force at the time of this travel. **STATION SUPERVISOR:** By signing below, I certify that to the best of my knowledge this claim is correct and true.

Volunteer Signature Date

Station Supervisor Signature Date

Staff Signature Date