



# Retired and Senior Volunteer Program

Sponsored by Triton College  
2000 Fifth Avenue, River Grove, IL 60171 \* (708) 456-0300, Ext. 3835



## Volunteer Monthly Timesheet

Volunteer Name: \_\_\_\_\_ Month: \_\_\_\_\_ & Year: \_\_\_\_\_

This timesheet verifies monthly hours served through RSVP. Document your time in the box “*Volunteer Service Hours*,” located at the bottom left, and **sign** at the bottom of the page. Get a signature from the station supervisor to verify hours worked (or they can e-mail or call the office to confirm). **Submit timesheets by the 5<sup>th</sup> of the following month**—they may be hand-delivered, sent through the mail, or scanned/e-mailed.

**REIMBURSEMENT:** To receive travel reimbursement to/from your assigned station, document miles or costs in the box “*Travel Reimbursement*,” located at the bottom right, submit any receipts (if applicable), and **sign at the bottom of the page.**

Primary Station: \_\_\_\_\_ Primary Job/Task: \_\_\_\_\_

VOLUNTEER SERVICE HOURS			
Date	Location <i>(if different from primary)</i>	Job/Task <i>(if different from primary)</i>	Hours
<i>RSVP Office Use</i>			<i>Total Hours:</i>

TRAVEL REIMBURSEMENT			
Date	Type <i>Transportation</i>	Location	Miles or Cost <i>(Round Trip)</i>
<i>RSVP Office Use</i>			<i>Total Miles/Costs:</i>

\_\_\_\_\_  
Volunteer Signature                      Date

\_\_\_\_\_  
Station Supervisor Signature                      Date

RSVP Director's Signature: Marie Porras

<b>RSVP Office Use Only:</b>			
Total Hours: _____	Total Travel Reimbursement: \$ _____	Maximum Reimbursement: \$ _____	
Entry Date _____	By Staff: _____	Notes: _____	