RSVP
Lead With Experience

924 19th Ave S., Mpls MN 55404
Fax: 888.657.4993
Questions? W Metro: 612-704-6114; E Metro: 612-704-6116

Date Received & staff initials	
Date Entered	

Hours Report & Reimbursement Request for Volunteers

***Volunteers*:** Please complete the following, *sign at the bottom*, and return to your volunteer supervisor **by the end of each month**.

***Supervisors*:** Please sign and attach this form to the monthly summary report. **Due by the 10th of the following month (e.g., October hours due by November 10th).**

Volunteer Name (please print):	**Month:**
Station Name:	**Year:**

Date	Activity	Hours Worked	Miles Driven	Bus Fare/ Metro Mobility
Signature of Volunteer		**Total Hours:**	**Total Miles:**	**Total Bus/ Metro Mob:** **$**
Signature of Supervisor				

US Government auditors require the completion of this form, including ALL signatures, prior to issuance of reimbursement.

— ***RSVP Office Use Only*** —

Total Reimbursement: $

Volunteers of America

Corporation for National & Community