



RSVP

Lead with Experience

Fax: 888.657.4993

RSVP, 3333N 4th St
Minneapolis, MN 55409-5541

Questions? W. Metro: 612-704-6114
E. Metro: 612-704-6116

--RSVP Office Use Only--

Date Received & staff initials	
Date Entered	

Volunteer Hours Report & Reimbursement Request

-Volunteers: Please complete, *sign/date at bottom*, & return to volunteer supervisor **at end of each month**.

-Supervisors: Please *sign/date*, 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:		
Site Name:			Year:		
Date	Volunteer Activity	Hours Worked	Miles Driven	Bus Fare/ Metro Mobility	
Volunteer Signature	Date:	Total Hours:	Total Miles:	Total Bus/ Metro Mob:	
Supervisor Signature	Date:			\$	
!!! Did you SIGN and date?! (Government auditors require completion of this form, with ALL signatures/dates , prior to issuance of reimbursement)			— RSVP Office Use Only — Total Reimbursement: \$		

