

**RSVP****Northern Virginia**VOLUNTEERS 55+ IMPACTING
THEIR COMMUNITIES**Name:****Service Month:****Address:****Email/Phone:**

RSVP-NOVA Timesheet & Reimbursement Form

ALL VOLUNTEERS:**Please submit the following information by the 5th of each month****Mileage/M Meal
Reimbursement*****supervisor MUST
initial here:**

Date of Service (MM/DD)	Name of Agency or Volunteer Site (ex. Cornerstones)	Brief Description of Service Activity (ex. Delivered meals, tutored ESL, provided tax assistance)	# of Clients Served	# of Hours	Miles Driven (\$.44/mile up to 100 miles)	Cost of Meals (up to \$6/meal)	For Office Use Only:
							Hours/mileage confirmation requested:
							Confirmation received:
							Check requested:
							81-8590
							81-8550
							Check disbursed:
							Check entered:
							Entered in Volgistics:
							RSVP staff approval:
Totals							

I attest that the information recorded above is true and accurate:

Volunteer Signature: _____ **Date:** _____**Please email, fax, or mail this form by the 5th of each month:****RSVP Program: RSVP@volunteerfairfax.org****10700 Page Ave., Suite 101 | Fairfax, VA 22030 | (p) 703.403.5360 | (f) 703.246.4662****Thank you so much for completing and returning your timesheet!**