



**RSVP**  
 Northern Virginia  
 VOLUNTEERS 55+ IMPACTING  
 THEIR COMMUNITIES

## RSVP-NOVA Timesheet & Reimbursement Form

**Name:**  
**Service Month:**  
**Address:**  
**Email/Phone:**

ALL VOLUNTEERS: Please submit the following information by the 5 <sup>th</sup> of each month					Mileage/Meal Reimbursement		For Office Use Only:
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 (to/from assignment only; \$.40/mile up to 100 miles)	Cost of Meals (up to \$6/meal; include receipts)	
							Hours/mileage confirmation requested:
							Confirmation received:
							<b>Check requested:</b>
							<b>81-8590</b>
							<b>81-8550</b>
							Check disbursed:
							Check entered:
							Entered in Volgistics:
							RSVP staff approval:
<b>Totals</b>							

**My signature attests that the information recorded above is true and accurate; supervisor signature is only required for mileage/meal reimbursement.**

\_\_\_\_\_  
 RSVP Volunteer Signature      Date                      Station Supervisor Signature      Date                      RSVP Staff Signature      Date

Please email, fax, or mail this form by the 5<sup>th</sup> of each month: RSVP Program: [RSVP@volunteerfairfax.org](mailto:RSVP@volunteerfairfax.org)  
 10700 Page Ave., Suite 101 | Fairfax, VA 22030 | (p) 703.403.5360 | (f) 703.246.4662