



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

**RSVP Volunteer Information**

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

**NV-RSVP Timesheet & Reimbursement Form**

<b>ALL VOLUNTEERS:</b> Please submit the following information by the 5 <sup>th</sup> of each month to <a href="mailto:kcoon@volunteerfairfax.org">kcoon@volunteerfairfax.org</a> (Use a second sheet if needed)				<b>Mileage/Meal Reimbursement</b>		<b>For Office Use Only:</b>
<b>Date of Service</b> (MM/DD)	<b>Name of Volunteer Station</b>	<b>Brief Description of Service Activity</b>	<b># of Hours</b>	<b>Miles Driven</b> <small>(to/from assignment only; \$.40/mile up to 100 miles)</small>	<b>Cost of Meals</b> <small>(up to \$6/meal; include receipts)</small>	
<b>Totals</b>						

**Would you like mileage/meal reimbursement?**      **Yes**      **No**

By typing my name below, I attest that the information recorded above is true and accurate; *supervisor signature is only required for mileage/meal reimbursement.*

\_\_\_\_\_  
RSVP Volunteer Name      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 Volunteer Specialist: [kcoon@volunteerfairfax.org](mailto:kcoon@volunteerfairfax.org)  
12015 Lee Jackson Memorial Hwy, Suite 225 | Fairfax, VA 22030 | (p) 703.403.5360