



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

**RSVP Volunteer Information**

**Name:**

**Service Month/Year:** March 2024

**Address:**

**Email/Phone:**

**RSVP-NV Timesheet & Reimbursement Form**

ALL VOLUNTEERS: 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)				Mileage Reimbursement	For Office Use Only:
Date of Service (MM/DD)	Name of Volunteer Station	Brief Description of Service Activity	# of Hours	Miles Driven (to/from assignment only; \$.40/ mile up to 100 miles)	
					Hours/mileage confirmation requested:
					Confirmation received:
					Check Info: 87-8590  87-8550
					Entered in Volgistics:
<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 reimbursement.

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

Please email or mail this form by the 5<sup>th</sup> of each month: RSVP Volunteer Specialist: [kcoon@volunteerfairfax.org](mailto:kcoon@volunteerfairfax.org)  
12015 Route 50, Suite 225 | Fairfax, VA 22030 | (p) 703.403.5360