Family Service
RSVP–Retired & Senior Volunteer Program

48 Main Street • Champaign • IL 61820
Tel: (217) 359-6500 / Fax: (217) 359-6550

Monthly Out-Of-Pocket Expenses Report Sheet

Station(s) Where Volunteered: _____

Month: _____ **Year:** _____ **Sheet** ____ **of** ____

Date	Odometer Reading*		# of Hours Worked	# of Miles Driven	# of Meals Purchased	Misc: Taxis/ Parking
	Start	Finish				
	Total(s)					

*Odometer readings ***must*** be completed if mileage reimbursement is requested

I, _____ _____

(Volunteer Signature) **(Volunteer Name/Printed)**

Verify all hours listed on this sheet were volunteered and all expenses were incurred.

Instructions for Requesting Out-of-Pocket Expenses for Mileage, Meals, Parking, or Taxi Fares

■ This form should be signed by a Supervisor, where possible, then mailed to the above address ■ RSVP must receive this completed form no later than the 5th of the month following the month in which the volunteer activity was performed so checks can be processed and prepared by mid-month ■ A maximum of $3 per meal will be reimbursed if you volunteered 4 or more consecutive hours. *Please note*: original receipts for meals and taxi fares must be included.

Family Service Accounting Department Use Only / Please do not write in this area:

1. How many sheets were submitted by this volunteer this month? _____

	Sheet #1	Sheet #2	Sheet #3
# of Miles			
# of Meals			
Misc. # of Taxis Used/ or Parking Fees			

Total of Out-of-Pocket Expenses requested:

A. Miles driven this month _____

B. [Amount for Meals] @ $3.00 each $_____

C. [Amount for Taxis/or Parking Fees] $_____

Total for B & C $_____

_____

(Volunteer Supervisor Signature)

_____

(RSVP Director/Karen Bodnar)