



**TIMESHEET & MILEAGE REIMBURSEMENT REQUEST**

Address: 42 S State St Clearfield, UT 84015

Phone: 801-525-5094 Fax: 801-525-5051

Email: [rsvp@co.davis.ut.us](mailto:rsvp@co.davis.ut.us) Contact: Tazia Venstra

**Return to the RSVP office by the 1st day of the next month**

Volunteer Name \_\_\_\_\_ Month \_\_\_\_\_ 20\_\_\_\_

Mailing Address \_\_\_\_\_ City/ZIP \_\_\_\_\_

[ ] This is a new address

Station Name \_\_\_\_\_ Auto insurance on file? [ ] Yes [ ] No

Date	Volunteer Assignment	# Hours	Odometer Start*	Odometer End*	# Miles	**Meals	*Enter the actual start and stop odometer readings for Each Trip ** Enter an X if you received a free meal while volunteering.
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							
14							
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18							
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20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							
Total							

**IMPORTANT!**  
Please obtain your volunteer station supervisor's signature before submitting.

**FOR OFFICE USE ONLY:**

Mileage Reimbursement

\_\_\_\_\_ Miles

\$ \_\_\_\_\_ Per Mile

Total Reimbursed

\$ \_\_\_\_\_

**VOLUNTEER:** By signing below, I certify this statement and the amount claimed are true, correct, and complete to the best of my knowledge. I certify that I possessed a valid driver's license and the liability insurance in the minimum amount required by law at the time of this trip.

**STATION SUPERVISORS:** By signing below, I certify that to the best of my knowledge this claim is true and correct.

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