

R.S.V.P. MONTHLY TIME SHEET

PLEASE COMPLETE AND RETURN TO EITHER R.S.V.P. OFFICE BY THE **5TH** OF THE FOLLOWING MONTH:

1623 WEST STERNS ROAD
 TEMPERANCE, MI 48182
 PH: 734-850-6044 FAX: 734-850-6099

28 SOUTH MACOMB STREET
 MONROE, MI 48161
 PH: 734-241-8181 FAX: 734-241-8172

NAME _____ MONTH _____ YEAR _____
 ADDRESS _____ APT # _____ PHONE _____
 CITY _____ STATE _____ ZIP CODE _____
 EMAIL ADDRESS _____ CELL PHONE _____

PLEASE CHECK APPROPRIATE BOXES IF REIMBURSEMENT IS DESIRED:

MILES BUS MEALS

DATE	SITE (WHERE YOU VOLUNTEER)	LOCATION (WHAT YOU DO)	MILES OR BUS FARE	MEALS	HOURS
TOTALS:					

<p style="text-align: center;">R.S.V.P. OFFICE USE ONLY</p> <p>(3215) MILES \$ _____</p> <p>(3216) MEALS \$ _____</p> <p>MEAL TICKETS EARNED _____</p> <p>TOTAL PAID \$ _____</p> <p>CHECK # _____</p> <p>DATE _____</p> <p>RSVP AUTHORIZATION _____</p>	<p><i>ALL</i> TIME SHEETS <i>MUST</i> BE SIGNED BY THE VOLUNTEER. THE STATION SUPERVISOR <i>MUST</i> ALSO SIGN THE TIME SHEET IF RE-IMBURSEMENT FOR MILES AND/OR MEALS IS CHECKED. UNSIGNED TIME SHEETS WILL BE RETURNED. MEAL TICKETS ARE <i>NON</i>-TRANSFERRABLE.</p> <p>_____</p> <p style="display: flex; justify-content: space-between;">VOLUNTEER SIGNATUREDATE</p> <p>_____</p> <p style="display: flex; justify-content: space-between;">STATION SUPERVISOR SIGNATUREDATE</p> <p>Visit our RSVP website at www.rsvpmi.org REV. 7-28-2009</p>
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