RMS\_\_\_\_\_\_\_\_\_\_\_  **Adams County RSVP**

VOLUNTEER TIME & EXPENSE FORM

122 N 5th Street Quincy IL 62301

217-641-4961

**For Volunteers requesting reimbursement:**

Please fill out and return to the RSVP office by the 7th

day of each month.

Volunteer Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please print

Month\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*“I CERTIFY for the travel dates listed below that I am a duly licensed driver authorized to operate a motor vehicle in my state of residence. I also CERTIFY that I possess at least the minimum amount of auto liability insurance required by my state of residence.”*

Volunteer signature

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Volunteer Station & Job | Date |  | Did this job support a veteran? | REQUEST FOR REIMBURSEMENT | |
| Hours | Meals\* | Mileage |
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|  |  |  |  |  |  |
| \***Must have receipt attached for meal reimbursement.** | TOTALS |  |  |  |  |

**SIGNATURE OF**

**STATION SUPERVISOR\*\*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

\*\*Required when requesting reimbursement for mileage or meals.

**FOR OFFICE USE ONLY**

|  |
| --- |
| NAME S.S. # *last four digits \_ \_ \_ \_* |
| ADDRESS |
| LOCAL TRAVEL 63001/40401/599005/4040 |
| MEALS 63001/40401/599004/4040 |
| LONG DISTANCE TRAVEL 63001/40401/559001/4040 |
| RSVP DIRECTOR DATE |

[] check here if change of address

Adams County RSVP

122 N 5th Street

Quincy IL 62301