RSVP

Volunteer Services – Individuals Time Sheet

Please Print

Volunteer: _____ Month: _____

Station: _____ **Box must be "X" if reimbursement is desired** ☐

Date	Opportunity/Assignment	# of Hours	# of Miles (portal-to-portal)

This report ***must*** have a personal signature by **both** the Volunteer & Station Supervisor if the Volunteer is requesting mileage reimbursement.

Volunteer Signature_____

Station Supervisor Signature_____

Thank you for...Volunteering!!

RSVP
P.O Box 220
Pierz, MN 56364
E-mail: tjopp@horizonhealthservices.com
Phone: 320-468-6451 Fax: 320-468-6463 Toll Free: 1-800-224-6451

***Please** send by the **tenth** day of the month to assure proper processing.**

For Office Use Only		
Entered in VR		