

**MUST DOWNLOAD TIMESHEET TO YOUR COMPUTER TO FILL OUT AND SUBMIT ELECTRONICALLY
OR PRINT AS IS**

<p>Senior Volunteer Services 660 Pismo Street San Luis Obispo, CA 93401 805-544-8740 FAX: 805-544-9146</p>	<p align="center">RSVP e-mail: Barb@srvolunteer.org CCCV e-mail: Cheryl@seniorvolunteers.org SVS Website: www.seniorvolunteers.org</p>	<p>As of Nov. 1, 2018 both Enrolled RSVP & CCCV Volunteers are eligible for mileage reimbursement</p>
	 <p align="center">TIME SHEET—2019 Volunteer Hours for the Month of _____</p>	

Name (Please Print)	E-Mail or Phone
Street Address	City/State/Zip Code

RSVP Month	Station Name	Total Hrs/mo	Assignment	Mileage*
CCCV Month	Station Name	Total Hrs/mo	Assignment	Mileage*

NOTE: Remember only those who regularly report hours are covered by our supplemental insurance. If mileage reimbursement is requested, this form must have station coordinator's signed approval & be submitted by the 10th of the month. ***Do you need mileage reimbursement? YES___NO___.** If not, mileage may be donated to SVS/RSVP/CCCV as an in-kind donation.

<p>Volunteer Signature _____ Date _____</p>	<p>Station Coordinator Signature _____ Date _____</p>
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