



Cornerstone Community Action Agency
RETIRED AND SENIOR VOLUNTEER PROGRAM
 114 Needham Street, Coleman, Texas 76834
 (325)625-4167 Fax (325)625-333

Email: amanda.ridgeway@ctoinc.org or wbenson@ctoinc.org



Timesheet and Mileage Reimbursement Request

Month/Year: _____

Volunteer Name (Please Print): _____ Volunteer Station: _____

Mailing Address: _____

Auto Insurance on file? ☐ Yes ☐ No

Date(s):	Volunteer Assignment	Total Miles	# of Hours	# People Served		
					Timesheets are due by the 5th of the following month	Schedule for Mileage Reimbursement Quarterly, timesheets will be processed so that a mileage reimbursement check can be sent out. The below schedule reflects when you will receive the check. Timesheets must be turned in by the 5th of the following month you volunteered so that you will receive your check on time.
					Important! Volunteer Station Supervisor must sign before submitting	Volunteer months of August, September, October Reimbursement check mailed before November 30th.
					For Office Use Only: Mileage Reimbursement _____ miles X _____ .535 per mile = Total Reimbursement \$ _____	Volunteer months of November, December, January Reimbursement check mailed before February 28th.
						Volunteer Months of February, March, April Reimbursement check mailed before May 30th.
						Volunteer months of May, June, July Reimbursement check mailed before August 30th.
TOTAL						

Volunteer: By signing below, I certify that 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 that liability insurance in the minimum requirement by law was in force at the time of this travel. I certify that mileage reported is in conjunction with volunteer services. **Station Supervisor:** By signing below, I certify that to the best of my knowledge this claim is correct and true.

 RSVP Volunteer Signature

 Date

 Station Supervisor Signature

 Date

 RSVP Staff Signature

 Date

