

Volunteer Hours Report & Reimbursement Request

Volunteers: Complete, sign/date & return to volunteer supervisor by the end of each month.

Supervisors: Sign/date & attach this form to the monthly summary report.

Volunteer Name (please print):			Month:	
Site Name:			Year:	
Date	Volunteer Activity		Hours Worked	Miles Driven
Volunteer Signature			Total Hours	Total Miles
Supervisor Signature				
<p style="text-align: center;"><i>Did you SIGN and date?</i></p> <p style="text-align: center;">Due by the 10th day of the following month (e.g., Oct. hours due by Nov. 10th)</p> <p style="text-align: center;"><i>(Government auditors require completion of this form, with ALL signatures/dates, prior to issuance of reimbursement)</i></p> <p style="text-align: center;">Questions? Email- Idarsvp@iowa.gov</p> <p style="text-align: center;">IDA RSVP 510 E. 12th St Ste 2, Des Moines, IA 50319</p>			<p>— RSVP Office Use Only —</p> <p>Total Reimbursement: \$</p>	
			Date Received & staff initials	
			Date Entered	