

**RSVP VOLUNTEER TIMESHEET**

*For gas reimbursement please include odometer reading and submit by the* ***7th*** *of each month.*

271 W 3rd St, Suite 500 Wichita, KS 67202

316-660-5134 – Phone 316-660-1936 – Fax

scrsvp@sedgwick.gov

**Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Date** | **Hours** | **Odometer**  **Start Finish** | | **Miles**  **(round- trip)** | **Volunteer Site** | **# of People Served** |
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I attest that the information recorded above is true and accurate.

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| **Total Hours** | **=** |
| **Total People Served** | **=** |
| **Total Driven Miles** | **= (71 miles minimum to qualify for gas reimbursement)** |

***Volunteer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

# Workstation/RSVP Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **Date** | **Hours** | **Odometer**  **Start Finish** | | **Miles**  **(round- trip)** | **Volunteer Site** | **# of People Served** |
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*Please carry totals to the front page*