

 **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*