

HandsOn Northwest North Carolina 690 Coliseum Drive Winston-Salem, NC 27106

Phone: 336-724-2866 / Fax: 336-724-4467





VOLUNTEER TIME & MILES

Volunte	er Name (PLEASE PRINT):					
Volunte	er's Phone: Volunteer's	s Email:				
Station (Agency) Where Volunteered:		Email: Job Performed: r Time & Miles report for each station.**				
	Please use a separate Voluntee	r Time & Miles report f	or each	station.		
	OO NOT (circle one) desire mileage reimburse **If you do not circle one, it is assumed the	ement.				
Date	Description / Destination		Job Code	# Hours Worked*	# Miles Driven*	# Persons Served
	hours to nearest ½ hour and miles to near	est ½ mile	Totals			
By signing below, I certify that the amount claimed is true, correct and complete to the best of my knowledge. I certify that I possess a valid driver's license and that liability insurance in the minimum amount required by law was in force at the time of this travel.		Quarter: (circle one) Ist January-March 2nd April-June 3rd July-Sept 4th Oct-December Year: 20 Mileage Reimbursement: Volunteers must drive 40 miles pe quarter to qualify for mileage reimbursement. Amounts under				
REQUIRED: Volunteer Signature / Date REQUIRED: Station Supervisor Signature / Date		this limit will be held until the accumulated total is met. All reimbursements are capped at \$36/quarter (\$12/month.) Check Processing: Please allow 6 weeks for processing checks				
DCVD (Coordinator / Data				D - 1	:004 0/2012