



**AmeriCorps
Seniors**

RSVP Sign-In and Reimbursement Sheet

Washington County Commission on Aging, Inc/Area Agency on Aging

535 East Franklin Street, Hagerstown, MD 21740

Phone: (301) 790-0275 ext. 236 Fax: (301) 739-4957 Email: shurd@wccoaging.org

Return to the RSVP Office by the 7th of the following month

NAME: _____ MONTH/YEAR: _____

Updated Mailing Address: _____

Station Name: _____

DATE	JOB PERFORMED/ Volunteer Assignment	# HOURS SERVED <small>(TO NEAREST 1/4 HOUR)</small>	# MILES TRAVELED <small>(TO NEAREST MILE) ONLY COMPLETE IF CLAIMING REIMBURSEMENT</small>	IMPORTANT REMINDER: Please obtain your volunteer station supervisor's signature before submitting this form.	
1					<i>Volunteer Comments/Suggestions:</i>
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17				<u>RSVP OFFICE USE ONLY</u> Date: _____ Vendor ID: _____ TRAVEL #Miles Claimed: _____ Amt. Claimed: _____ Amt. Of Check: _____ code to: 8350-50 initials: _____	
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					

Totals _____

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 required by law was in force at the time of this travel. **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

