



**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 5th of the following month

NAME: \_\_\_\_\_ MONTH/YEAR: \_\_\_\_\_

Updated Mailing Address: \_\_\_\_\_

Station Name: \_\_\_\_\_

DATE	JOB PERFORMED/ Volunteer Assignment	# HOURS SERVED (TO NEAREST 1/4 HOUR)	# MILES TRAVELED (TO NEAREST MILE) ONLY COMPLETE IF CLAIMING REIMBURSEMENT	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				<b>RSVP OFFICE USE ONLY</b> Date: _____ Vendor ID: _____ <b>TRAVEL</b> #Miles Claimed: _____ Amt. Claimed: _____ Amt. Of Check: _____ <b>code to: 8350-50</b> 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

