

Keystone PVA TIME SHEET-VOLUNTEER PROGRAM REPORT

NAME:

MONTH and YEAR:

DATE	DESCRIPTION	N or C	MILES	MEALS	PHONE	TRANS	MISC	HOURS	CODE	PNTS

Program Code Numbers:

- | | |
|-------------------------|----------------------|
| 1. Service | 7. Attendant program |
| 2. Advocacy/Housing/ADA | 8. Sports |
| 3. Research | 9. Fundraising* |
| 4. Admin/Secretary* | 10. Membership |
| 5. Legislation | 11. Other |
| 6. Hospital Liaison | 12. Executive Comm.* |

**Chapter totals only*

FYI

Mileage reimbursement: \$0.45 per mile

REPORT DUE

by 4 p.m. on the 7th of the month following the month for which reimbursement is requested, or the next work day after the 7th if the 7th is not a work day.

Keystone PVA is not obliged to reimburse if this report is not received by this time.

Total Amount Paid _____

Treasurer's Signature _____

Date Paid & Check # _____