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

**Chapter totals only*

FYI

Mileage reimbursement: $0.55 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 # _____