

## 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: \$0.55 per mile

**REPORT DUE**

by 4 p.m. on the 7<sup>th</sup> of the month following the month for which reimbursement is requested, or the next work day after the 7<sup>th</sup> if the 7<sup>th</sup> 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 #** \_\_\_\_\_