# Appendix C.3 – AmeriCorps Seniors FGP-SCP Timesheet and Mileage Reimbursement Request

**TIMESHEET and MILEAGE REIMBURSEMENT REQUEST**

**Mailing Address**: PO Box 123, Our Town, USA 81234 **Physical Address**: 123 State Street, Our Town, USA 81234

Telephone: (555) 555-1234 Fax: (555) 555-5555

**Return to the AmeriCorps Seniors FGP/SCP Office by the 10th of the following month**

Volunteer Name (Print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Month \_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_\_\_

Mailing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/Zip \_\_\_\_\_\_\_\_\_\_\_\_­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Station Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Auto Insurance Information on File? **Y** or **N**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Volunteer Assignment** | **# of Hours** | **^Start Odometer** | **^End Odometer** | **Auto miles** | **\*Meals** | \*Enter MP if you a meal was provided while serving, BB if you brought a brown bag meal or the actual expense if you paid for a meal and request reimbursement. Leave blank if no meal is received. Meals will be reimbursed consistent with sponsor policy.  ^Enter actual start and stop odometer readings for each trip.  **IMPORTANT!**  **Please obtain your volunteer station supervisor’s original signature before submitting!**  ***For Office Use Only:***  **Mileage Reimbursement**  **\_\_\_\_\_\_\_ miles X**  **\_\_\_\_\_\_ per mile =**  **Total Reimbursement:**  **$** |
| **1** |  |  |  |  |  |  |
| **2** |  |  |  |  |  |  |
| **3** |  |  |  |  |  |  |
| **4** |  |  |  |  |  |  |
| **5** |  |  |  |  |  |  |
| **6** |  |  |  |  |  |  |
| **7** |  |  |  |  |  |  |
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| **9** |  |  |  |  |  |  |
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| **11** |  |  |  |  |  |  |
| **12** |  |  |  |  |  |  |
| **13** |  |  |  |  |  |  |
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| **16** |  |  |  |  |  |  |
| **17** |  |  |  |  |  |  |
| **18** |  |  |  |  |  |  |
| **19** |  |  |  |  |  |  |
| **20** |  |  |  |  |  |  |
| **21** |  |  |  |  |  |  |
| **22** |  |  |  |  |  |  |
| **23** |  |  |  |  |  |  |
| **24** |  |  |  |  |  |  |
| **25** |  |  |  |  |  |  |
| **26** |  |  |  |  |  |  |
| **27** |  |  |  |  |  |  |
| **28** |  |  |  |  |  |  |
| **29** |  |  |  |  |  |  |
| **30** |  |  |  |  |  |  |
| **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 amount 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.

**X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Volunteer Signature Date Station Supervisor Signature Date Staff Signature Date**