# **Foster Grandparent Program Timesheet and Mileage Reimbursement Request Form**

**Return to the FGP 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**

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Date** | **Number of students worked with**  | **Number of Hours for the day** | **^ Start Odometer**  | **^ End Odometer**  | **Auto miles** | **\*Meal** | **Supervisor Hours** | \*Enter MP if a meal was provided to you while serving, or the actual expense if you paid for a meal. 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!*****Office Use Only:*****Mileage Reimbursement****\_\_\_\_\_\_\_ miles X****\_\_\_\_\_\_ per mile =****Total Reimbursement:** **$** |
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| **TOTALS** |  |  |  |  |  |  |  |

**VOLUNTEER:** By signing below, I verify that this statement and the amount claimed are true, correct, and complete to the best of my knowledge. I verify 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 verify that to the best of my knowledge this claim is correct and true.

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

 **FGP Volunteer Signature/Date Station Supervisor Signature/Date FGP Staff Signature/Date**