

United Way of Columbia County: Senior Volunteer Timesheet

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You must be 55+ and registered with United Way of Columbia County: Senior Volunteer Program to complete this form. Please return to United Way office by the last business day of each month to be eligible for liability insurance coverage and mileage reimbursement.

Name: _	Month:		
	r Station:		
Date	Volunteer Duties	Hours	Mileage
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should be ca	be reimbursed at the Federal Standard Mileage Rate for charitable purp lculated to and from your volunteer station and cannot include mileage mileage reimbursement, please certify that you possess a valid driver's by law.	during your vo	lunteer service
Signatur	e of Senior Volunteer:		
_	e of Volunteer Station Supervisor:		