



OTERO COUNTY RSVP HOURS & MILEAGE REIMBURSEMENT
RETURN TO RSVP NO LATER THAN THE 5th OF THE FOLLOWING MONTH

NAME _____ MONTH/YEAR _____

ADDRESS _____ PHONE _____

DATE	WORKSITE and DESCRIPTION of WORK DONE	TOTAL HRS VOLUNTEERED	TOTAL MILES ROUND TRIP
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
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28			
29			
30			
31			
TOTALS: OFFICE USE ONLY			

COMMENTS/MESSAGES: _____

VOLUNTEER STATEMENT: I certify that this statement and the items claimed are true, correct and complete to the best of my knowledge. I certify that I have a valid driver's license and insurance if applicable.

Volunteer Signature **Worksite Supervisor Signature** **RSVP Coordinator Signature**