RSVP

Kenosha Area Family and Aging Services, Inc.
7730 Sheridan Road Kenosha, WI 53143
Phone: (262) 658-1892 Fax: (262) 658-2263
Email: rsvp@kafasi.org Website: www.kafasi.org

VOLUNTEER MEALS AND MILEAGE REIMBURSEMENT FORM

Volunteer _____ Month_____ Year_____

Station _____ Assignment_____
(where you volunteer)

Date	Time In	Time Out	Total Hours	Meals	Miles

Transportation provided by: _____
Requesting reimbursement? ☐Yes ☐No

Meals provided by: _____
Requesting reimbursement? ☐Yes ☐No

Other RSVP volunteers who ride with you: _____

_____ _____ _____ _____
Volunteer Signature Date Supervisor Signature Date

RSVP Office Use Only Please

Total Amount Authorized: $ _____ _____Authorized RSVP Signature

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