



## Foster Grandparent Volunteer Time and Reimbursement Sheet

219 Donohoe Road  
Greensburg, PA 15601  
724-836-2600 Ex. 281  
www.privateindustrycouncil.com

Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
City, State, Zip Code: \_\_\_\_\_  
Home Phone: \_\_\_\_\_

Month/Year: \_\_\_\_\_  
Assigned Station: \_\_\_\_\_  
Station Address: \_\_\_\_\_  
Service Schedule: \_\_\_\_\_

| Day       | Date | Time In | Time Out | Total Hours | Code(s) | Meal: Check one box<br>\$4.00 = you packed your lunch                        | Public<br>Trans/Fare | Vehicle<br>Mileage |
|-----------|------|---------|----------|-------------|---------|--|----------------------|--------------------|
| Monday    |      |         |          |             |         | <input type="checkbox"/> \$4.00 <input type="checkbox"/> Provided by Station |                      |                    |
| Tuesday   |      |         |          |             |         | <input type="checkbox"/> \$4.00 <input type="checkbox"/> Provided by Station |                      |                    |
| Wednesday |      |         |          |             |         | <input type="checkbox"/> \$4.00 <input type="checkbox"/> Provided by Station |                      |                    |
| Thursday  |      |         |          |             |         | <input type="checkbox"/> \$4.00 <input type="checkbox"/> Provided by Station |                      |                    |
| Friday    |      |         |          |             |         | <input type="checkbox"/> \$4.00 <input type="checkbox"/> Provided by Station |                      |                    |
|           |      |         |          |             |         |  |                      |                    |
| Monday    |      |         |          |             |         | <input type="checkbox"/> \$4.00 <input type="checkbox"/> Provided by Station |                      |                    |
| Tuesday   |      |         |          |             |         | <input type="checkbox"/> \$4.00 <input type="checkbox"/> Provided by Station |                      |                    |
| Wednesday |      |         |          |             |         | <input type="checkbox"/> \$4.00 <input type="checkbox"/> Provided by Station |                      |                    |
| Thursday  |      |         |          |             |         | <input type="checkbox"/> \$4.00 <input type="checkbox"/> Provided by Station |                      |                    |
| Friday    |      |         |          |             |         | <input type="checkbox"/> \$4.00 <input type="checkbox"/> Provided by Station |                      |                    |
|           |      |         |          |             |         |  |                      |                    |
|           |      | Totals  |          |             |         |  |                      |                    |

|  |  |   |  |   |
|--|--|---|--|---|
| <p><b><u>HOUR CODES</u></b></p> <p><b>B:</b> Bereavement<br/><b>FBI:</b> Fingerprinting<br/><b>H:</b> Holiday<br/><b>IW:</b> Inclement Weather<br/><b>JD:</b> Jury Duty<br/><b>MG:</b> Meet &amp; Greet<br/><b>EC:</b> Emergency Closing<br/><b>P:</b> Physical<br/><b>R:</b> Recognition Event<br/><b>STO:</b> Service Time Off<br/><b>TB:</b> Tuberculosis Test<br/><b>TR:</b> Training Meeting<br/><b>V:</b> Volunteer Service:</p> | <p><b><u>HOLIDAYS</u></b></p> <p>1/1/2016    New Years Day<br/>1/18/2016    MLK Day<br/>2/15/2016    President's Day<br/>4/14/2016    Good Friday<br/>5/30/2016    Memorial Day<br/>7/4/2016    Independence Day<br/>9/4/2016    Labor Day<br/>11/11/2016    Veteran's Day<br/>11/24/2016    Thanksgiving<br/>11/25/2016    Thanksgiving<br/>12/26/2016    Christmas</p> | <p>Volunteers must submit this form to the station supervisor the last day served for the bi-weekly period. Station supervisor needs to sign their first and last name and date the form.<br/>The volunteer will mail the reimbursement sheets to: 219 Donohoe Road, Greensburg, PA 15601</p> <hr/> <table style="width: 100%;"> <tr> <td style="width: 60%; vertical-align: top;"> <p><b><u>Public Transportation</u></b></p> <p>Specify: _____</p> <p><input type="checkbox"/> Dart, Bart, Washington Rides, Etc.<br/><input type="checkbox"/> Access: <b>Must provide print out of trip</b><br/><input type="checkbox"/> PAT Bus: indicate zones, transfers, free pass, etc.<br/><b>Zone(s):</b> _____</p> <p><input type="checkbox"/> Other: <b>Provide valid, signed receipts</b></p> </td> <td style="width: 40%; vertical-align: top;"> <p><b><u>Notes/Comments</u></b></p> <p>Miles to station meeting:<br/>Miles to meeting:</p> <p><b><i>Timesheets received after the 1:00 p.m. Tuesday deadline will be processed the following reimbursement cycle.</i></b></p> </td> </tr> </table> | <p><b><u>Public Transportation</u></b></p> <p>Specify: _____</p> <p><input type="checkbox"/> Dart, Bart, Washington Rides, Etc.<br/><input type="checkbox"/> Access: <b>Must provide print out of trip</b><br/><input type="checkbox"/> PAT Bus: indicate zones, transfers, free pass, etc.<br/><b>Zone(s):</b> _____</p> <p><input type="checkbox"/> Other: <b>Provide valid, signed receipts</b></p> | <p><b><u>Notes/Comments</u></b></p> <p>Miles to station meeting:<br/>Miles to meeting:</p> <p><b><i>Timesheets received after the 1:00 p.m. Tuesday deadline will be processed the following reimbursement cycle.</i></b></p> |
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**Must use pen. Use first and last name for signature. Copies of this form are not accepted.**

## Foster Grandparent Volunteer Time and Reimbursement Sheet

By signing this form, 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.  
 Volunteers must submit this form to the Station Supervisor on the last day served for the bi-weekly period.  
 Station Supervisor needs to review, approve, and sign this form.  
 The volunteer will mail this original reimbursement with any original receipts to the Program Supervisor, 219 Donohoe Road, Greensburg, PA 15601

|   |  |  |
|---|--|--|
|   | <b><u>For Office Use Only</u></b>  | <b><u>For Office Use Only</u></b>  |
| Volunteer Signature (first and last name) <span style="float: right;">mm/dd/yyyy</span>   | <b><u>STIPEND</u></b><br>\$2.65 per hour X _____ total hours =<br>stipend reimbursement amount of<br>\$ _____                  | <b><u>REIMBURSEMENT TOTAL REQUEST</u></b><br>Stipend \$ _____                                |
| Station Supervisor Signature (first and last name) <span style="float: right;">mm/dd/yyyy</span><br><br><i>Must use Pen<br/>Use first and last name for signature<br/>Copies of this form are not accepted<br/>Date(s) must be <b>no earlier</b> than the last day served</i> | <b><u>MEALS</u></b><br>\$4.00 per meal X total # of meals _____<br>= meal reimbursement amount of<br>\$ _____                  | Meals \$ _____   |
|   | <b><u>PUBLIC TRANSPORTATION</u></b><br>Transportation reimbursement amount of<br>\$ _____                                      | Transportation \$ _____  |
| FGP Supervisor Signature (first and last name) <span style="float: right;">mm/dd/yyyy</span>  | <b><u>PERSONAL VEHICLE</u></b><br>.40 cents per mile X total # of miles _____<br>= mileage reimbursement amount of<br>\$ _____ | Other (specify) \$ _____<br><br>Specify>>>>>> \$ _____                                       |
| Fiscal Signature (first and last name) <span style="float: right;">mm/dd/yyyy</span>  |  | <b><u>Reimbursement Amount</u></b><br><br>\$ _____<br><br>_____<br><i>FGP Staff Initials</i> |