

Senior Companion Program Timesheet

Please scan and return by email to:

NAME: _____ **MONTH:** _____ **2023 COUNTY:** _____

	Date	Volunteer Hours \$4.00/hr	Training Hours \$4.00/hr	Holiday Hours \$4.00/hr	Leave Time \$4.00 /hr	Admin. Leave \$4.00/hr	Client Initials	Meals Home \$1.50		
M									FOR OFFICE USE ONLY	
T										VOLUNTEER HOURS _____
W										TRAINING HOURS _____
Th										HOLIDAY HOURS _____
F										LEAVE TIME _____
S/S										ADMIN LEAVE _____
M									TOTAL HOURS	
T									STIPEND PAY	
W									MEALS	
Th										MEALS _____
F										MEAL PAY _____
S/S										
M										MILEAGE PAY _____
T										<i>(see Mileage Log)</i>
W									TOTAL AMOUNT	
Th										
F										
S/S										
M										
T										
W									Senior Companion Date	
Th										
F										
S/S									Station Representative Date	
M										
T										
W									SCP Staff Date	
Th										
F										
Totals									Please don't fill in totals	

By signing 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 amount required by law was in force at the time of this travel.



Volunteer Name: _____

Month: _____



Fund: 1000 Dept.: 710

Unit.: 1161

Program Code: 9PSC21 or 9PSD22

App. Unit: WVA

The Odometer reading must reflect the starting and ending reading for the vehicle, not the total miles you drove.

You have a mileage budget of 200 miles per month, unless special permission is given by AmeriCorps Seniors staff

Mileage reimbursed at \$0.44 per mile

Office Use
Only

Date	Starting Odometer	Ending Odometer	Start Location	Stop Locations	Total Mileage
TOTAL					

I hereby certify that this mileage was conducted to perform Senior Companion service and that the amounts are correct and proper.

Signature of Traveler

Date

UServeUtah Division Approval

Date