



# VOLUNTEER TIME SHEET

Volunteer Name: \_\_\_\_\_

VOLUNTEER TIME/MILEAGE REPORTING - Please circle ONE:

Month/Year: \_\_\_\_\_

**HOSPICE PATIENT      TRANSITIONS CLIENT**

*Please provide patient name below (if applicable) – turn in weekly or no later than the 1<sup>st</sup> week of the following month.*

<b>ADMINISTRATIVE</b>	<b>EDUCATION</b>	<b>OTHER</b>
_____ Admin/Office	_____ Fundraising	_____ Deliveries
_____ Bereavement	_____ Soup & Support	_____ Volunteer On-Call
_____ Attended Class		

Patient Name (if applicable): \_\_\_\_\_

Date	Time In	Time Out	Time Totals:	Mileage	Work / Activity	<b>NOTES:</b>

<b>TOTALS:</b>			<b>Volunteer Signature:</b>
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ADMIN USE ONLY:

- Please Reimburse Mileage
- NO Reimbursement Needed