



# Foster Grandparent Program Volunteer Time Sheet



Name \_\_\_\_\_

DATE: \_\_\_\_\_

Address \_\_\_\_\_

Volunteer Station \_\_\_\_\_

DATE	Days of the Week	TIME	HOURS	MEALS	MILES
	MONDAY				
	TUESDAY				
	WEDNESDAY				
	THURSDAY				
	FRIDAY				
	MONDAY				
	TUESDAY				
	WEDNESDAY				
	THURSDAY				
	FRIDAY				
			Hours	Meals	Miles
<b>TOTAL</b>					
<b>Office Use Only</b>					
Assigned Child(ren)'s Name				Reg Hrs	
1				Sick Hrs	
2				Annual Hrs	
3				Total Hours	
4				x 2.65	
5				<b>TOTAL</b>	
		140000-544 Meals	140000-590 TRANS	140000-520 STIPENDS	<b>TOTAL</b>

*I certify that this statement, the amounts claimed and attachments are true, correct and complete to the best of my knowledge and belief and that payment for the amount has not been received*

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Supervisor

FGP Director \_\_\_\_\_

For Office Use Only

Vendor # \_\_\_\_\_

Date Paid \_\_\_\_\_

Check # \_\_\_\_\_

