Community Partners IN CARING

Creating life links in the Santa Maria & Lompoc Valleys

VOLUNTEER TIMESHEET

Month: _____ **Year:** _____

_____ _____ _____ _____ _____

Name (Please Print) **Address** **City/State** **Zip** **Phone**

				Office Use Only	
DATE	**HRS**	**MILES**	**CARERECEIVER / SERVICE DESCRIPTION**	**X**	**Units**
TOTAL					

Please return to Community Partners, 111 N Vine St. Santa Maria, CA 93454 five days after the end of the month.

Do you want reimbursement for the mileage? Yes [ ] No [ ] **Copy to RSVP?** _____

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

_____ _____

Volunteer Signature Date Authorized Signature Date

111 North Vine Street, Santa Maria, CA 93454 Phone (805) 925-8000 Fax (805) 925-8170
111 South I Street, Suite C-1, Lompoc, CA 93436 Phone (805) 737-1976 Fax (805) 737-5617

www.partnersincaring.org

A copy of this timesheet can be downloaded from our website