Community Partners IN CARING

Giving the Gift of Independence

VOLUNTEER TIMESHEET

Month: _____ **Year:** _____

_____

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

DATE	HRS	MILES	CARE RECEIVER / SERVICE DESCRIPTION	Office Use Only X	Office Use Only Units
TOTAL					

Santa Maria and Buellton volunteers: Please return to 120 E. Jones Street, Suite 123, Santa Maria, CA 93454
Lompoc volunteers: Please return to 111 South I Street Suite C1, Lompoc, CA 93436

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

Insurance Company _____ **Policy #** _____ **Exp Date** _____

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

120 E. Jones Street, Suite 123, 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
164 West Highway 246, PO Box 1946, Buellton, CA 93427 Phone (805) 688-1100 Fax (805) 693-9792

www.partnersincaring.org

A copy of this timesheet can be downloaded from our website