

GOOD SHEPHERD CAREGIVERS

P. O. Box 1882
7311 Martinsburg Pike
Shepherdstown, WV 25443

VOLUNTEER TIME CARD AND STIPEND REQUEST

Month of _____, 20____ Phone: _____

Volunteer Name: _____

Mailing Address: _____

Congregation: _____

Date	Receiver Name	Service Provided	Time Hrs/Min	Travel Destination	Miles Round Trip
				TOTALS	

Miles _____ x \$0.14 per mile = _____

Parking total = _____

Total reimbursement = _____

Office Use Only:

Received by: _____

Approved by: _____

Check issued: _____ Check #: _____ Check mailed: _____

Date	Receiver Name	Service Provided	Time Hrs/Min	Travel Destination	Miles Round Trip
				TOTALS	

Miles pg. 1 _____ x \$0.14 per mile = _____
Miles pg. 2 _____ x \$0.14 per mile = _____
Parking total = _____
Total reimbursement = _____

Office Use Only:
Received by: _____
Approved by: _____
Check issued: _____ Check #: _____ Check mailed: _____