

Foster Grandparents of the Wyoming Rockies-TIMESHEET

PO Box 536, Laramie, WY 82073 307.223.1051

Please email to: maryalice@actionresources.ngo AND jaime@actionresources.ngo

Please use INK

NAME _____ SCHOOL/STATION _____
 MONTH/YEAR _____ BEST PHONE # _____

Day	Activity (School, School In-Service/P&T conf, Training, Weather, Vac or Sick)	Hours	# Meal(s)	Miles	Transp Cost/ # of Free Trips	DO NOT WRITE IN THIS SHADED AREA OFFICE USE ONLY	
1							
2							
3						Regular Hours	
4						Pre-Service	
5						Training	
6						Holiday	
7						Weather	
8						Other:	
9							
10							
11						Subtotal Hours	
12						Vacation	
13						Sick	
14						Total Hours	
15							
16						Total Hours @ \$3.00	
17							
18							
19							
20						Other:	
21						Total Mileage reimbursement	
22						Total Bus reimbursement	
23							
24							
25						TOTAL CHECK \$	
26						<div style="display: flex; justify-content: space-around; width: 100%;"> <div style="border: 1px solid black; width: 100px; height: 100px;"></div> <div style="border: 1px solid black; width: 100px; height: 100px;"></div> </div>	
27							
28							
29							
30							
31						Meals:	In-Kind Trips:

By signing below, I certify that this statement, and the amount claimed are true, correct, and complete to the best of my knowledge. I certify that I possess a valid driver's license and that liability insurance in the minimum amount required by law was in force at the time of this travel. **I understand to receive reimbursement my time sheet must reach the office no later than the 1st business day of the month by 12 noon.**

Site Signature: Date:	Volunteer Signature: Date:
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