Faith in Action Caregivers, Inc. **Volunteer Time Card and Mileage Reimbursement Request**

Month & Year of_____

Name _____

Mailing Address _____

Please check one box, sign and date form.

o I am requesting reimbursement for the following expenses and/or mileage provided during the course of my volunteer assignments.

o I do not want reimbursement of expenses or mileage reported on this time card.

_____ _____

Signature Date

Date	***Receiver Name***	***Service Provided***	***Time Hours/ Minutes***	***Travel Destination***	***Miles Round Trip***	***Parking (Receipt Needed)***

Miles X _____ per mile = _____

Total Reimbursement = _____

Please return time sheet to: FIAC 2350 Main St., Suite 2, Wheeling, WV 26003 or email to cynthia@faithinactionwheeling.org