

FAITH IN ACTION FOR CASS COUNTY

VOLUNTEER TIME SHEET – 2024



Please return by the 3rd of each month to:

FAITH IN ACTION
PO Box 512 Hackensack MN 56452
218-675-5435 or 866-675-5435
Fax: 218-675-5632

Email: fiaops@fiacass.com

Your time is important in our report on FIA's work and mission. Thank you!

Volunteer Name: _____

Month _____

Date	Person Served	Service Provided	Time Spent	Mileage	(Office Use)
Totals:					

yes, I want mileage reimbursement of .14/mile

yes, I want mileage reimbursement of .57/mile

no, I will donate the mileage.

[Thank you for your contribution!]

**** Check box if you need a timesheet mailed for next month**

I certify that I am the claimant and that this claim is just and true, and that no part of this claim has been paid. I also certify that I have a valid MN driver's license and liability insurance on my personal vehicle and am eligible for reimbursement of mileage expenses as claimed.

Signature of Volunteer

Date

Date info given by: _____ phone _____ email

Staff signature: _____

Office Use Only: ___ NewOrg ___ QB Initial _____