FAITH IN ACTION FOR CASS COUNTY

VOLUNTEER TIME SHEET – 2025

Volunteer Name:_____

Month _____

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

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 .60/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: _____E ___ QB Initial _____