8075 Ritter
Center Line, MI 48015
Phone: (586) 757-5551
Fax: (586) 757-5577

www.ivcinfo.org

VOLUNTEER TIME REPORT

(Please use a separate sheet for each month & round all times and mileage to the nearest ½.)

Month _____ **Year** _____

Volunteer's Name: _____

DATE	START TIME	END TIME	HOURS	CLIENT (full name please)	SERVICE (visit, chores, trans, etc.)	MILEAGE if applicable

TOTAL HOURS: _____ **TOTAL MILEAGE:** _____

If you are providing transportation to a client, do you need mileage reimbursement from IVC? ____*Yes* ____*No*

Volunteer's Signature: _____ Date: _____

IVC Staff Signature: _____ Date: _____

Please sign and return your reports by the 10th of each month.

SEND TO: IVC, 8075 Ritter, Center Line, MI 48015

If you have any questions or run out of time sheets please call: (586) 757-5551

Please remember how important it is for us to have an accurate record of all your time.
Without this concrete evidence that our program is making a difference in the community,
we would not be able to get the funding we need to continue our efforts.
Thank you for the few minutes you spend on this form each month -- and thanks mostly for all you do!

Revised 5/21/15