Great Lakes Inter-Tribal Council **FGP** Volunteer Time Record

Instructions: **Please check for accuracy before submitting!** *Do NOT use white-out.* Initial all cross-outs.

Failure to fill out the time record entirely or correctly may delay your stipend.

Email to FGP-SCP@glitc.org or FAX to 715-588-2724

Foster Grandparent Program

Your Name:_____

Service Location _____

Pay Period Ending:_____

Volunteer Station:_____

Week # 1	*Date*	# of youth	Reading, Math, Art, Language Hours	Talking Circles Cultural Mentor Hours	Orientation Hours	In-Service Hours	Other Hours	PA Hours	Holiday Hours	Total Hours	Meal/In Kind
Sun											
Mon											
Tues											
Wed											
Thurs											
Fri											
Sat											

Week # 1	*Date*	# of youth	Reading, Math, Art, Language Hours	Talking Circles Cultural Mentor Hours	Orientation Hours	In-Service Hours	Other Hours	PA Hours	Holiday Hours	Total Hours	Meal/In Kind
Sun											
Mon											
Tues											
Wed											
Thurs											
Fri											
Sat											
Grand Total Hours											

Date	Odometer Start	Odometer End	Total Miles

Mileage: _____ X .585 = _____

Rate — Total mileage to pay

COMMENTS:

_____

Volunteer Signature Date

I hereby attest that the hours reported are accurate and verifiable at my worksite*

_____

Site Supervisor Signature Date

_____

GLITC Program Staff Signature Date