

Great Lakes Inter-Tribal Council **SCP** 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.

Your Name: _____

Pay Period Ending: _____

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

Volunteer Station: _____

Client Name _____

Senior Companion Program

Week # 1	Date	Companionship Hours	Meal Prep/Clean Hours	In-Service Hours	Orientation Hours	PA hours	Holiday Hours	Total Hours	Meal/in kind
Sun									
Mon									
Tues									
Wed									
Thurs									
Fri									
Sat									

Week # 2	Date	Companionship Hours	Meal Prep/Clean Hours	In-Service Hours	Orientation Hours	PA hours	Holiday Hours	Total Hours	Meal/in kind
Sun									
Mon									
Tues									
Wed									
Thurs									
Fri									
Sat									

Grand Total									
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COMMENTS:

DATE	Odometer Start	Odometer End	Total

Volunteer Signature _____ Date _____

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

for office use only

Total _____ Miles: _____ Total Hours _____



Site Supervisor Signature _____ Date _____

GLITC Program Staff Signature _____ Date _____

Mileage: _____ X $\frac{.585}{\text{Rate}}$ = _____ Total mileage to pay