

# SENIOR COMPANION PROGRAM

This time sheet covers the period from \_\_\_\_\_ to \_\_\_\_\_

SUN	MON	TUES	WED	THURS	FRI	SAT	WEEKLY TOTAL
DATE							
HOURS WORKED							
SUN	MON	TUES	WED	THURS	FRI	SAT	WEEKLY TOTAL
DATE							Mail Time Sheets
HOURS WORKED							
Miles per Day	___ X Days ___ total= _____		X .345 =		\$ _____		<b>TOTAL HOURS</b>
Miles per Day	___ X Days ___ total= _____		X .345 =		\$ _____		
Additional for meeting	_____				\$ _____		
			Total		\$ _____		

Signature of Client	Hours	OFFICE USE ONLY
1		TOTAL HOURS _____ X \$2.65 = \$ _____
2		TRANSPORTATION COST \$ _____
3		WALK    CAR    BUS    VIA TRANS
4. Meeting Hours		REIMBURSEMENT TOTAL \$ _____
5. Vacation/Sick Hours		
6. Holiday Hours		
<b>TOTAL HOURS</b>		

DID YOU ATTEND THE SENIOR COMPANION MEETING?                      YES                      NO                      (Circle One)

Print your Name \_\_\_\_\_ Address \_\_\_\_\_

Sign Here \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Volunteer Station Representative \_\_\_\_\_ Date \_\_\_\_\_

Volunteer Station Representative \_\_\_\_\_ Date \_\_\_\_\_

Program Staff Approval \_\_\_\_\_ Date \_\_\_\_\_

Client Condition	Condicion de cliente						
Good          Fair          Poor	buena          asi asi          mal						
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Note \_\_\_\_\_