



# INCA COMMUNITY SERVICES, INC.

## Individual Volunteer Timesheet

<b>Volunteer Name:</b>		<b>Month:</b>		<b>Year:</b>	
<b>Mailing Address:</b>		<b>City:</b>		<b>Zip:</b>	
<b>Station Name:</b>					

[illegible]

IMPORTANT! Please obtain your volunteer station supervisor's original signature before submitting.			
Date	Volunteer Assignment What did I do?	# of Hours	# People Served

ACKNOWLEDGEMENTS	
<p><b>VOLUNTEER:</b> By signing below, I certify that this statement and the amount claimed are true, correct and complete to the best of my knowledge. I certify that I possessed a valid driver's license and that liability insurance in the minimum amount required by law was in force at the time of this travel.</p> <p><b>STATION SUPERVISOR:</b> By signing below, I certify that to the best of my knowledge this claim is correct and true.</p>	
AmeriCorps Seniors Volunteer Signature	Date
Station Supervisor Signature	Date
INCA-RSVP Staff Signature	Date

*Please return this form by the 5th of the following month.*  
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