



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

[www.ivcinfo.org](http://www.ivcinfo.org)

## VOLUNTEER TIME REPORT

*(Please use a separate sheet for each month & round all times and mileage to the nearest 1/2.)*

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!***