



NAME:

DATE:

MONTH:

**DUE BY:
5TH**

Day/Date	Stipend Hours \$4.00/hr	Trning Hours \$4.00/hr	Holiday Hours \$4.00/hr	Leave Time \$4.00/hr	CLIENT FIRST AND LAST NAME	Volunteer Miles \$0.50	Client Miles \$0.50	Meals \$2.25	FOR OFFICE USE ONLY		
M									STIPEND HOURS		
T									TRAINING HOURS		
W									HOLIDAY HOURS		
Th									LEAVE TIME		
F									LEADER HOURS		
S/S											
M									TOTAL HOURS		
T											
W											
Th									VOLUNTEER MILES		
F									CLIENT MILES		
S/S									MEALS		
M									BUS PASS		
T									OTHER		
W											
Th									TOTAL AMOUNT		
F											
S/S											
M											
T											
W											
Th											
F											
S/S											
M											
T											
W											
Th											
F											
S/S											
M											
T											
W											
Th											
F											
S/S											
TOTAL-1					PLEASE DON'T FILL IN TOTALS						
TOTAL-2										SCP DIRECTOR/DATE:	