



Hearts and Hands Volunteer Time Sheet

Please complete this form and return it to your Hearts and Hands coordinator.

Timesheets are due by the 3rd of the month following service.

For timesheets received past the 3rd of the month, mileage will not be reimbursed.

NAME: _____ MONTH: _____

Team (Please Check One):

- ___ Akron / Newstead office coordinator - 50 John Street, Akron, NY 14001 * tabitha@heartsandhandsfia.org
- ___ Clarence office coordinator - 5635 Goodrich Road, Clarence Center, NY 14032 * jkubiak@heartsandhandsfia.org
- ___ Amherst/Lockport office coordinator - 2710 North Forest Road, Suite 205, Getzville, NY 14068 * hlefebvre@heartsandhandsfia.org
- ___ Wales / Boston / Holland / Marilla / Alden office coordinator - P.O. Box 166, Wales Center, NY 14169 * Idamico@heartsandhandsfia.org

DATE	CARE RECEIVER SERVED	MILEAGE	TIME	REIMBURSE? YES OR NO	COMMENTS
TOTAL MILES					TOTAL HOURS

Please note any changes in availability for next month: _____