

**Foster Grandparent Program
of Cleveland County**

Please turn in time sheets no later than
In order to receive your stipend direct deposit
Period from _____ 2012 to _____ 2012

| Date | Time Served | | Total Hours | Meals | Number of Miles | STIPEND: _____ |
|---------|-------------|---------------|-------------|-------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| | IN | OUT | | | | |
| Mon. | | | | | | CHECK TOTAL: _____ |
| Tues. | | | | | | In-Kind Meals: _____ |
| Wed. | | | | | | In-Kind Travel: _____ |
| Thurs. | | | | | | In-Kind Physical: _____ |
| Fri. | | | | | | <i>The person signing this from is a representative of the volunteer station and the funds used for In-Kind donations are not from federal sources</i> |
| Weekend | | | | | | |
| Weekend | | | | | | DO NOT WRITE BELOW THIS LINE |
| Mon. | | | | | | Balance Forward |
| Tues. | | | | | | Earned Hours |
| Wed. | | | | | | Total hours Available |
| Thurs. | | | | | | Taken |
| Fri. | | | | | | Ending Balance |
| | | Totals | | | | |

Signatures

Volunteer: _____

Station Supervisor: _____

FGP Director: _____