**VOLUNTEER ACTIVITY LOG**

**NAME:**

**DATE & TIME:**

**NUMBER OF HOURS:**

**LOCATION:**

**DESCRIPTION OF ACTIVITY:**

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**REIMBURSEMENT REQUESTED?** (If yes, attach receipts) **Y N**

I certify that the above information is true to the best of my knowledge:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Print Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature)

Administrative Use Only:

***Was reimbursement approved? Y N***

***Approved or denied by:***

***\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_***

***(Print Name) (Signature)***