

RSVP
KING COUNTY RETIRED AND SENIOR VOLUNTEER PROGRAM

REPORT OF IN-KIND SERVICE

DATE: _____ REPORTING MONTH & YEAR: _____

WORKSITE NAME & ADDRESS

Worksite Volunteer Coordinator _____

1. MEALS SERVED TO RSVP VOLUNTEERS:

Total value of meals served	\$ _____
Total number of meals served	_____
Value of each meal	\$ _____
Number of volunteers served	_____

2. TRANSPORTATION REIMBURSEMENT PROVIDED BY YOUR AGENCY TO RSVP VOLUNTEERS:

Total travel amount reimbursement	\$ _____
Parking amount reimbursed	\$ _____
Total mileage/bus amount reimbursed	\$ _____
Number of volunteers given reimbursement	_____

3. OTHER IN-KIND SERVICES PROVIDED BY YOUR AGENCY TO RSVP VOLUNTEERS:

Specify the type of In-Kind Provided _____

Total Value	\$ _____
Number of volunteers receiving it	_____

4. **TOTAL DOLLAR VALUE ASSOCIATED WITH IN-KIND SERVICES:**

\$ _____

RETURN TO RSVP OFFICE
Solid Ground
1501 North 45th Street
Seattle WA 98103