

# KEMPSEY REGIONAL SUPPORT- Volunteer TIMESHEETS

Weekending: \_\_\_\_\_

Please return to KRS Office before 10.00am Monday for Processing

Volunteer Name: \_\_\_\_\_

Office Use Only

Day	Date	Start Time	Finish Time	Break	Hours	Client or Program	KM	Cost \$\$	Job #	MDS Code	Shift Report
MON											
MON											
TUE											
TUE											
WED											
WED											
THUR											
THUR											
FRI											
FRI											
SAT											
SAT											
SUN											
SUN											

Total \_\_\_\_\_

I agree that I am willingly volunteering for this work with no expectation to create an employment relationship. I certify that the expenses claimed have or will be incurred I certify that the respite activity has been satisfactorily completed. I certify that the expenses claimed are reasonable to provide the support required Reimbursement of expenses is approved.

MYOB Entry	
Travel Entry	
MDS Entry	

Signatures:

Employees: \_\_\_\_\_

Coordinator: \_\_\_\_\_

## Kempsey Respite Services Inc - Reimbursement of Out of Pocket Expenses

These schedule outline the level of anticipated out of pocket expenses which will be incurred  
Please submit receipts or other evidence if you want to claim outside these anticipated levels

### Schedule 1 - Day Respite

Reasonable level of anticipated expenses for respite services provided on daytime activities including Leisure Link, Afterschool Programs, School Holiday Programs or flexible respite

Reimbursement will include the following:

Provision for Food & Drink	\$20.00
Use of telephone	\$2.00
Purchase of recreational material	\$2.00
Cleaning & Maintenance of Vehicle	\$1.00
Travel to & from place of duties	

<b>Total amount of Reimbursement</b>	<b>\$15.00</b>
	<b>\$40.00</b>

### Schedule 2 - Volunteer Host Family Respite

Reasonable level of anticipated expenses for respite provided in the volunteer's home.  
Expenses per service user for each overnight/24 hour period.

Reimbursement will include the following:

Provision for Food & Drink	\$35.00
Electricity/Water/Gas	\$4.00
Use of telephone	\$2.00
Purchase of recreational material	\$6.00
Cleaning & Maintenance of Vehicle	\$2.00
Laundry, Kitchen & Bathroom consumables	\$2.00
Replace linen & protective clothing & equipment	\$2.00
Replace & repair furniture, equipment, toys & clothing	\$2.00
Yard maintenance & Pest Control	\$5.00
Travel to access Community	\$15.00

<b>Total amount of Reimbursement</b>	<b>\$75.00</b>
--------------------------------------	----------------

### Schedule 3 - Volunteer Out of Home Respite

Reasonable level of anticipated expenses for respite services that will be provided away from the Volunteer's home will be determined on an individual basis.

### Schedule 4 - Client Related Travel

Reimbursement for the use of a volunteer's private vehicle to transport clients or to perform duties required to support clients excluding the reimbursement included in Schedules 1 & 2

The vehicle must have Comprehensive Insurance

The travel must have the prior approval of the Program Coordinator

Rate/km (effective from 1 December 2014 to 30 June 2015)

*The rate will be reviewed 1 July 2015*