DATE	DETAILS OF VOLUNTEER ACTIVITY	MILEAGE	AMOUNT OF TIME

TOTAL TIME:_____ (hours: _____ minutes:_____)

Provider Signature _____

Committee Chair Signature _____

Date Committee approved _____ Date Certificate issued _____ Cert. Exp. Date_____

Please remember to document according to the following guidelines:

- Time spent on phone – Including name and telephone number of place called (ie: business, association, etc...)
- Time and mileage to and from Business solicited for drop-off/pick-up.
- Time spent at Conference Meetings does qualify as long as other duties are also performed for Conference. (Only Conference Meeting attendance does not qualify)

NOTE: There is no reimbursement for mileage.