



Breaking Barriers, Building Resiliency

Mentoring Timesheet

- Please Submit Timesheets by the 20th of Each Month
- This allows for Timely Payroll Processing: Thank You for Your Cooperation
- Account for Group Activities, Supervision, and Trainings
- Allowance is \$40 total for Purchases and Mileage per Month
- Receipts are Required for Reimbursement of \$ Spent

Salida Drop Off at 448 E. 1st Street; Mail to P.O. Box 1007 Salida CO 81201 or Fax (719) 539-6430

BV Drop Box Located at 114 Linderman Ave; **Timesheets are calculated from the 21st of the month to the 20th of the next month**

Date: _____ 21st, 2017 - _____ 20th, 2017

Mentor Name: _____

Mentee Name: _____

Date	Activity	Contact Hours	\$ Spent	Mileage
Totals for the Month				
		x\$11/hr		mileage x .54
Total Pay				

Mentor Signature

Date

Total Pay _____

\$ Spent & Mileage _____
(not to exceed \$40)

Program Manager Signature

Date

FINAL TOTAL _____

Please Charge _____, \$ _____ for "Mentor Hours" & _____, \$ _____ for "Mentor Activity/Mileage Reimbursement"