

Senior Companion Program

215 West Breckinridge Street
 Louisville, Kentucky 40203
 502.587.8673



Time and Attendance Report

Senior Companion Name: _____

I certify the below to be true and correct

Pay Period (beginning): _____ Pay Period (ending): _____

Date	Hours worked	Vacation	Sick	Other	Without Pay	Client Signature
	Saturday					
	Sunday					
	Saturday					
	Sunday					
Total						
	Space left for SCP office use only					

Volunteer Station Supervisor's Name: _____ Date: _____

SCP Staff Signature: _____ Date: _____

Reviewed and Approved By

Thank you so much for your contributions to older adults in our community!



Senior Companion Name: _____

I certify the below to be true and correct

Brown Bag

Date	Meal Voucher	Cost
Space left for SCP office use only		

Bus Fare/Mileage

Date	To	From	Total
Space left for SCP office use only			

Lunch/Bus Fare/Mileage Reimbursement Reviewed and Approved By:

Volunteer Station Supervisor initials: _____

SCP Staff Signature: _____

Check (v) your means of transportation	
Driver	
TARC	
TARC III	
Other	