

VLR HOURS REPORT FORM

Please return by the 5th of the month and include your receipts!

NAME: _____ MO _____ YR _____

DATE	JOB PERFORMED AND CLIENT NAME	TIME – ACTIVITY & TRAVEL	MILES (M) OR COSTS (\$)
TOTALS:			

Thank you for volunteering with Vision Loss Resources!
 612-871-2222 phone or 612-872-0189 fax or volunteer@vlrw.org

**After completing this form, please fold and staple or tape it
closed before mailing**

From:

***FREE MATTER FOR
THE BLIND & PHYS
HANDICAPPED***

**Vision Loss Resources
Volunteer Services - HOURS
1936 Lyndale Ave S
Minneapolis, MN 55403**
