



Hospice & Community Care

RESALE STORE VOLUNTEER MONTHLY TIME SHEET

Volunteer Name: _____ Volunteer ID#: _____ Month/Year: _____

Please enter time in quarters: 15 mins. = 0.25 45 mins. = 0.75 30 mins. = 0.50 1 hour = 1.00

Resale Store Code is 75

Date of Service	Time In	Time Out	Total Time

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Volunteer Signature: _____

Time Sheets are due by the 10th of month following service.
Please return timesheets by mail, email, fax, or by dropping off at the campus or Resale Stores.
2275 India Hook Road, Rock Hill, SC 29732
bcnesich@hospicecommunitycare.org
Fax: 803-329-1695