VRC Coordinating Agency
Employee Sign-in / Sign-out Record

Date	Name	In	Out	In	Out	Reg. Hrs.	OT Hours	Total Hours

(Yellow)

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VRC Volunteer Sign-in / Sign-out Record

Date	Name	Time In	Time Out	Time In	Time Out	Total Hours

(White)

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Expenses Incurred by VRC Coordinating Agency in Response to Disaster

Name of Event:_____ VRC Opened? Yes ☐ No ☐

Save all receipts, place them in an envelope with this form and turn in to VRC Director.

Date	Item	Price	Quantity	Total	Auth. by

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