Volunteer Name (Please print): Station:

Volunteer Full Address: City Zip Code:

Please check here if your address has changed: \_\_\_ Service Month: \_\_\_\_\_ Year: \_\_\_\_\_ COUNTY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**COMPLETED FORM DUE TO COORDINATOR BY THE 10TH OF THE FOLLOWING MONTH**

**Please return this form to your station supervisor by the 10th of the following month.**

**If your monthly mileage exceeds 150 miles, it will be subject to review and approval by program director.**

Auto mileage rate is **$.25/mile**

Total Miles on this sheet: \_\_\_\_\_\_\_\_\_

**@ $.25 mi =**

\_\_\_\_\_\_\_\_\_

**F&CS, Inc. RSVP Admin Use Only:**

Total # of pages

\_\_\_\_\_\_

Reimbursement Amount: \_\_\_\_\_\_

01-90300-700-\_\_ Initials: \_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_

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| New | Client Name | Date | Total Miles | Destination/Service | 505K on file | Survey |
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**By signing, I certify that this statement and the amount claimed are true, correct and complete to the best of my knowledge. I certify that I possessed a valid driver’s license and liability insurance in the minimum amount required by law was in force at the time of this travel. Current copies of DL & Insurance have been provided to RSVP Coordinator.**

Volunteer Station Supervisor

Signature: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_

RSVP Staff Accounts Payable

Signature: X\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_