

RSVP VOLUNTEER MILEAGE REIMBURSEMENT FORM

(VOLUNTEER EXPENSE VOUCHER AND ATTENDANCE VERIFICATION)



3 E. Pulteney Square
Bath, NY 14810

Christine Towner - Project Director

Telephone (607) 664-2298

Expenses for:

Month: _____ Year: _____

Name _____

Address _____

City _____

Zip _____

Vendor ID: _____

Station

Name: _____

Assignment: _____

Assignment Supervisor:

Please complete the following:

Are the volunteer hours listed below accurate? (Please confirm volunteer worked each day listed on claim)

☐ Yes

☐ No

Did the volunteer work more than what is documented on this form for this assignment?

☐ Yes

☐ No

*Station's attendance form may be requested for verification of volunteer hours.

DATE (MO/DY/YR)	START ADDRESS	DESTINATION ADDRESS	ROUND TRIP? YES OR NO	TOTAL MILES	HOURS WORKED

Supervisors: by signing below, you are verifying the volunteer's attendance and service is accurate for the above listed dates .

Total Mileage _____

Tolls (include receipts) _____

Taxi or Bus Fare _____

Total Expense _____

Assignment Supervisor Signature _____

Date: _____

RSVP Director's Signature _____

Date: _____

Volunteer's Signature _____

Date: _____

Reimbursement rate is \$0.15 per mile up to 150 miles per month per volunteer. Mileage reimbursement from RSVP may be supplemental to reimbursement provided by station. Please attach station's reimbursement form along with this completed form if requesting supplemental reimbursement. ****Incomplete or unverified forms may be denied reimbursement.**