Interfaith Community Services Volunteer Activity Form Name: (Please Print) _____

Enter Volunteer's starting address to request Senior Corps reimbursement (w/ zip)._____

How do you want the funds issued?

Reimburse at the rate of 14 cents/mile *(This results in no reportable income to the IRS)*

Reimburse at approved IRS current business rate *(If over $600 per calendar year, this results in reportable income on 1099 Misc. form)*

INHOME EVALUATION

Date of Service	Recipient Name	Destination Address	Miles[1]
		Total Reimbursable AmeriCorps Miles:	

PLEASE NOTE **:**

[1] *Count mileage from when you leave your home to when you return home from the trip.*

By requesting Senior Corps reimbursement and signing this document, I certify this information is correct and complete to the best of my knowledge. I certify that I possessed a valid driver's license and that liability insurance in the minimum required by law was in force at the time of this travel. I certify that I drove my own vehicle and that I am not an employee of ICS or CNCS.

_____

Volunteer Signature **Date**

Please return to Interfaith Community Services by the 3rd of each month via EMAIL to RTA@icstucson.org or MAIL to 2820 W Ina Rd., Tucson AZ 85741.

If not returned by the 3rd of the month following service, you will not get a reimbursement.

For internal purposes only:

AmeriCorps Senior Project Dir._____ _____ Date _____