ICS

Interfaith Community Services Volunteer Activity Form

Name: *(Please print)* _____

AmeriCorps Seniors

Enter facility address

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)*

MOBILE MEALS

Date of Service (MM/DD/YYYY)	# of recipients	Furthest Main Street	Meal Delivery Miles[1] (Round miles to the nearest whole number)	Miles from Home to Facility & back Home[2] (Round miles to the nearest whole number)

Total Participants _____

Total Reimbursable RTA Miles: _____

Total Reimbursable AmeriCorps Sr. Miles _____

Total: _____

PLEASE NOTE **:**

[1] *Count mileage from when you leave the facility to when you return back to the facility.*

[2] ***AmeriCorps Senior Volunteers*** *- Count mileage from your home to the facility AND from the facility back to your home*

By requesting RTA/RSVP 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 either of these programs.

_____

Volunteer Signature **Date**

Please submit your form to Interfaith Community Services by the 3rd of each month via email at RTA@icstucson.org or in person at 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 _____