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

AmeriCorps Seniors

Enter Driver's starting address to request RTA or RTA/RSVP 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 the approved IRS current business rate** *(If over $600 per calendar year, this results in reportable income on a 1099 Misc. form)*

Food Box/Transportation

Date of Service	Recipient Name	Code	Description of Service For RTA/RSVP reimbursement, list each stop along with address. ***Please list miles in whole numbers.***	TR/OTH /SW Miles[1]	Errand (SF) Miles	RSVP Miles[2]
			Total Reimbursable RTA Miles:			
			Total Reimbursable RSVP Miles:			

Codes for transportation WITH recipients in the vehicle :

[TR=Transportation (Medical only) **OTH=**Other places (post office, library etc.) **SW=**Shopping WITH **]**

Codes for transportation WITHOUT recipients in the vehicle: [SF= Shopping FOR **]**

Count # of Trips TR/SW/OTH

Count # of Trips SF

***PLEASE NOTE* :**

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

[2] ***RSVP Volunteers:*** *After completing this form for 50 miles/trip, you may also request reimbursement for miles above 50 miles/trip by noting excess miles in the RSVP mileage box.*

By requesting RTA or 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 return to Interfaith Community Services by the 3rd of each month via EMAIL to RTA@icstucson.org or FAX to (520) 797-3029 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 _____