

INTERFAITH COMMUNITY SERVICES

VOLUNTEER ACTIVITY FORM (Print Name) -----

_____ MONTH and YEAR	<i>Neighbors Care Alliance</i> MONTHLY REPORT for <u>CAREGIVING SERVICES</u>	----- VOLUNTEER SIGNATURE Date _____
--------------------------------	---	--

Date Of Service	Recipient	Type of Service * / Destination	TRANSPORTS (TR / OTH / SW) Reimbursable		ERRANDS (SF) Reimbursable		NON-Reimbursable	
			# Miles	# Hours	# Miles	# Hours	# Miles	# Hours
Total >								
TOTAL individuals served		Total						
		Reimbursable >						

Maximum allowable round trip mileage for reimbursement is 50 miles PER TRIP regardless of the number of actual miles driven. Record whole MILES. Record HOURS to the nearest 15 minutes. Payment will not be made if forms are received *after* the 5th of the month following the month of service.

Return Activity Form to Caregiving Services Manager by 5th of each month.

You may EMAIL the form to: candersen@icstucson.org
 (be sure to type Andersen with an "e")

FAX: 797-3029 MAIL: 2820 W. Ina Rd., Tucson, AZ 85741

Type of Service	
REIMBURSABLE <u>TRANSPORTATION</u> TR=Medical only OTH=Other places SW=Shopping WITH (you have a recipient in your car). SF=Shopping FOR (you do NOT have a recipient in your car)	NON-reimbursable HH=Handy Helper BH=Business Help CR=Caregiver Relief FV=Friendly Visiting FP=Friendly Phoning

Volunteer requests RTA Mileage Reimbursement (for eligible Transportation/Errand activities): Yes NO

Program Coordinator/Manager _____ **Date** _____

NCA/RSVP Director _____ **Date** _____