

INTERFAITH COMMUNITY SERVICES

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

_____ MONTH and YEAR	<i>Neighbors Care Alliance</i> MONTHLY REPORT for <u>MOBILE MEALS DRIVERS</u>	_____ VOLUNTEER SIGNATURE DATE _____
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Date Of Service	Route / # of recipients	Destination - farthest main street			ERRANDS Meal Delivery			
			# Miles	# Hours				
	/	ER/ MM-						
	/	ER/ MM-						
	/	ER/ MM-						
	/	ER/ MM-						
	/	ER/ MM-						
	/	ER/ MM-						
	/	ER/ MM-						
	/	ER/ MM-						
	/	ER/ MM-						
		Total >						
TOTAL individuals served		Total Reimbursable >						

<p>Maximum allowable round trip mileage for reimbursement is 50 miles PER ROUTE regardless of the number of actual miles driven. Count mileage from your home to the destination and back home again. Record whole MILES. Record HOURS to the nearest 15 minutes.</p> <p><u>Return Activity Form</u> to the Mobile Meals Office by 5th of the month.</p> <p>Payment will NOT be made if this form is received <i>after</i> the 5th of the month, following the month of service.</p> <p>As of May 2009, you may EMAIL the form to: mpattison@icstucson.org</p> <p>FAX: 797-3029 MAIL: 2820 W. Ina Rd., Tucson, AZ 85741</p>	<p align="center">Type of Service</p> <p align="center">MM- Mobile Meals</p>
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Volunteer requests RTA Mileage Reimbursement (for eligible Transportation/Errand activities): **Yes** **NO**

Program Coordinator/Manager _____ **Date** _____

NCA/RSVP Director _____ **Date** _____