



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)

HOME SWEET HOME

Date of Service	Recipient Name	Destination Address	Miles ¹
Total Reimbursable AmeriCorps Miles:			0.0

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 Felicia at 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 _____