



Interfaith Community Services Volunteer Activity Form

Name: (Please print) _____



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)	Route #	# of recipients	Furthest Main Street	Meal Delivery Miles ¹ <i>(Round miles to the nearest whole number)</i>	Miles from Home to Facility & back Home ²
Total Number of Recipients:			Total Reimbursable RTA Miles:		
			Total Reimbursable AmeriCorps Sr. Miles		

PLEASE NOTE :

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

Total:

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 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 _____