

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)

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

Codes for transportation WITH recipients in the vehicle : **Total Reimbursable RTA Miles:** 0.0
 [TR=Transportation (Medical only) OTH=Other places (post office, library etc.) SW=Shopping WITH] **Total Reimbursable RSVP Miles:** 0.0

Codes for transportation WITHOUT recipients in the vehicle: [SF= Shopping FOR] Count # of Trips TR/SW/OTH 0
PLEASE NOTE : Count # of Trips SF 0

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 _____