



Interfaith Community Services Volunteer Activity Form

Name: (Please Print) _____

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

How do you want the funds issued?

- ☐ **Reimburse at the rate of 0.14 cents per mile** - results in no reportable income to the IRS
- ☐ **Reimburse at the rate of 57.5 cents per mile** - results in reportable income if over \$600 per calendar year and will be reported on a 1099 Misc. form

By requesting RTA reimbursement I certify that I am not an employee of this program and that I am driving my own vehicle.

Volunteer Signature

Date

Month and YEAR of Service

Mobile Meals

Enter Facility Address: _____

Date	Route Name	# of Recipients	Farthest Main street	Meal Delivery Miles	# Hours
Total Individuals Served			Total Reimbursable		

Maximum allowable round trip mileage for reimbursement is 50 miles PER TRIP regardless of the number of stops and actual miles driven.

Count mileage and volunteers hours from the time you leave the facility to when you return to the facility to drop off trays.

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 Mobile Meals Coordinator by the 5th of each month

EMAIL form to: Jan Willkom: Jwillkom@icstucson.org FAX: 797-3029 MAIL: 2820 W Ina Rd, Tucson AZ 85741

Program Coordinator _____ Date _____