



# Interfaith Community Services Volunteer Activity Form

Name: (Please Print) \_\_\_\_\_

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

Enter Driver's starting address to request RTA reimbursement.(incl zip)\_\_\_\_\_

How do you want the funds issued?

**Reimburse at the rate of 14 cents per mile-** this results in no reportable income to the IRS

**Reimburse at the rate of 57.5 cents per mile-** this results in reportable income, which will be reported on a 1099 Misc. form if over \$600 for calendar year.

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 \_\_\_\_\_

## CAREGIVING SERVICES

### Month and YEAR of Service

Date of Service	Recipient Name	Code See Below	Description of Service To receive RTA reimbursement list each stop along with address	Hours	Transport Miles	Errand Miles
Total Individuals Served			Total Reimbursable			

**Codes :** Transportation **TR**=Medical only **OTH**=Other places **SW**=Shopping With (you have a recipient in the car) **SF**= Shopping FOR ( you do NOT have a recipient in your car)

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 volunteer hours from the time you leave your home to when you return home from the trip. 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 Caregiving and Mobile Meals Supervisor by the 5th of each month

EMAIL form to: Pamela Xeele at [Pxeele@icstucson.org](mailto:Pxeele@icstucson.org) FAX: 797-3029 MAIL: 2820 W Ina Rd. , Tucson AZ 85741

Program Coordinator \_\_\_\_\_ Date \_\_\_\_\_