

**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 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 the calendar year. (Please fill out a Form W-9)

Month and YEAR of Service				CAREGIVING SERVICES		Volunteer Signature				Date	
Date of Service		Recipient		Type of Destination		Transports ( TR/OTH/SW) # Miles # Hours		ERRANDS (SF) REIMBURSABLE #Miles # Hours		Non-Reimbursable # Miles # Hours	
					Total						
Total Individuals Served				Total Reimburseable							

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 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**

( Form Revised 1-9-15)

## REIMBURSABLE

## 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)

### Non-Reimbursable

HR=Home Repairs

BH=Business Help

+ CPS=Companion Sitting

FV=FriendlyVisiting

FP= FriendlyPhoning.

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**Program Manager** \_\_\_\_\_
**Date** \_\_\_\_\_

NCA/RSVP Director	Date
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