

Volunteer Mileage Reimbursement Form

Please return this form to the Interfaith Senior Programs office by the 15th of the month. Mileage reimbursement will be mailed at the beginning of the next month.

Date	Client Name	Total Mileage	For Office Use Only

Total mileage to be reimbursed:

Reimbursement should be mailed to:

Address: _____

City: _____ State: _____ Zip Code: _____

Volunteer Name

Volunteer Signature and Date

Program Staff Signature

Date

This form must be signed by the Volunteer for reimbursement.