MEMBER
Neighbors Care Alliance
A partnership with Pima Council on Aging

REQUEST FOR RTA MILEAGE REIMBURSEMENT

by VOLUNTEER NAME:_____

for PROGRAM: **Mobile Meals of Southern Arizona**
4803 E. 5th St. #209
Tucson AZ 85711
FAX: (520) 622-1607

DATED: _____

VOLUNTEER SIGNATURE: _____

By requesting RTA VTS reimbursement I verify I am *not an employee* for the above program, and that I am *driving my own vehicle.*

for office use only
Count each errand

Errands				Date	Pick-up Site (Hospital)	Route #	# of Clients	Hours	Errand Miles
Med	Groc	Oth	Meal						
0	0	0	0			Total >			
Med	Groc	Oth	Meal	Reimbursable ER (Max 50 miles/round trip) Total >					
Errands									

REMEMBER: Submit form by 5th of the month. RECORD HOURS TO THE NEAREST 15 MINUTES & RECORD WHOLE MILES .

Program Coordinator _____ Date _____ RSVP Manager _____ Date: _____

Rev 7/15