



MEMBER
Neighbors Care Alliance
A partnership with Pima Council on Aging

REQUEST FOR RTA MILEAGE REIMBURSEMENT

by VOLUNTEER NAME: _____

DATED: _____

for PROGRAM: Mobile Meals of Tucson

4803 E. 5th St. #209

Tucson AZ 85711

FAX: (520) 622-1607

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							
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: _____