

Greene County Department of Human Services – Volunteer Services
Greene County Office Building 411 Main Street, Catskill, NY 12414

PLEASE RETURN TO OFFICE BY THE 25th OF EACH MONTH
Mileage older than 60 days at process can not be paid

Print Volunteer Name: _____ Signature: _____

Address: _____

Mileage for (Month/Year) _____ Check here if additional forms are requested _____

DATE	CLIENT'S NAME, ADDRESS & ASSIGNMENT	TOTAL MILES	TOTAL HOURS

FRIENDLY VISITOR VOLUNTEER WORKSHEET
Mileage reimbursement is limited to 125 miles per month

Should we forward this to RSVP? ___NO ___YES

<u>OFFICE USE ONLY:</u>	
DFA Stamp	Total Mileage: _____ Total Hours: _____
	Staff initials: _____
	Date: _____