

Mileage older than 60 days at process can not be paid

For Month/Year: _____ **Check here if additional forms are requested** _____

DFA Stamp

OFFICE USE ONLY:

TOTAL: Route Miles _____ RSVP Miles x _____ (# days) = _____ miles

Volunteer Services Coordinator initials: _____ *Date:* _____

HOME DELIVERED MEALS VOLUNTEER MILEAGE REIMBURSEMENT