

VOLUNTEER DRIVER PROGRAM

REQUEST FOR MILEAGE REIMBURSEMENT

NAME OF CLIENT: _____

NAME OF VOLUNTEER: _____

Please fill in the date, reason for the trip, the destination of each leg of the trip (if more than one), the miles of each trip leg, and the volunteer hours at the **END OF THE TRIP**. Please mail completed request to us at the end of each month to TRIPtrans, P.O. Box 791, Point Reyes Station, CA 94956

DATE OF TRIP	REASON FOR TRIP	ORIGIN (From)	DESTINATION (To)	MILES DRIVEN PER STOP	VOLUNTEER HOURS PROVIDED (INCLUDES NON-DRIVING TIME):
Totals					
.35 per mile					

I certify that all information provided above is true and accurate and that all travel was taken as reported. I further certify that my volunteer driver is not an employee of Marin Transit or West Marin Senior Services and I understand and agree that the Volunteer Driver Program and its funding sources do not assume any liability for my personal choice of driver, nor any insurance liability. I agree to abide by all Volunteer Driver program policies and understand that failure to do so may result in my becoming ineligible for continued participation in the program. It is our policy for clients to pay reimbursements, when received, to their volunteer drivers.

CLIENT SIGNATURE: _____

VOLUNTEER SIGNATURE: _____

DATE: _____