



VOLUNTEER NAME: _____ MONTH _____ 20____

MAILING ADDRESS: _____ CITY/ZIP _____

STATION WHERE YOU SERVE: _____ (Use this sheet to claim mileage & log hours)

DATE	ASSIGNMENT	Starting Odometer	Ending Odometer	Total Trip Mileage	HOURS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					
21					
22					
23					
24					
25					
26					
27					
28					
29					
30					
31					
TOTALS					

***NOTE: Return this form to your station manager for signature. Failure to submit this form by the 5th of the following month may result in non-payment or delay of payment. PLEASE TOTAL YOUR HOURS AND MILEAGE.

RSVP VOLUNTEER SIGNATURE

DATE

STATION SUPERVISOR SIGNATURE

DATE

Ellen L. Herner

– UNDER 55

CATT/CO/RSVP DIRECTOR SIGNATURE

DATE

– OVER 55

MILEAGE INSTRUCTIONS:

- Volunteers must serve a **minimum of 1 hour** per month at a volunteer station to be eligible for mileage.
- Volunteers living outside of Cattaraugus County will count mileage **FROM the county line to their volunteering station**. Mileage is reimbursed for travel **within Cattaraugus County ONLY**.
- If volunteers travel outside of Cattaraugus County during the course of their volunteering duties, mileage is only applied to the county line and back from the county line on their return to their station or home.
- Turn in your form to your station supervisor prior to the **5th of the following month** for signature
- Please do not combine months on one mileage sheet.
- Reimbursement is .55¢ a mile.

MILEAGE SHEETS:

The blue route and white travel mileage sheets are now combined into one sheet. Also you will now enter your hours on THIS sheet. There is no roster. Be sure to check the box on the front for Over or Under 55!