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

HOME DELIVERED MEALS VOLUNTEER MILEAGE REIMBURSEMENT

Print Volunteer Name: _____ Signature: _____

Address: _____

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

DATE	ROUTE	MEAL ROUTE MILES Total mileage of route from point of picking up meal, i.e. center, to end of route	AMERI CORPS SENIORS MILES Cannot exceed 125 miles per month Round-trip mileage from volunteer's home to pick-up station & return. This figure is kept on record & should only change if you change your residence. ONLY QUALIFIES WHEN YOU BEGIN FROM YOUR HOME

DFA Stamp

OFFICE USE ONLY:

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

Volunteer Services Coordinator initials: _____ Date: _____