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 cannot 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

Should we forward this to AmeriCorps Seniors? ___NO ___YES

OFFICE USE ONLY:

DFA Stamp

Total Mileage: _____

Staff initials: _____

Date:

HOMEBOUND TRANSPORTATION Mileage Reimbursement