



Date: \_\_\_\_\_

Volunteer Station: \_\_\_\_\_

Volunteer Number: \_\_\_\_\_

Approved for Reimbursement: \_\_\_\_\_

RSVP Staff Initials: \_\_\_\_\_



1126 N. Monroe  
Spokane, WA 99201  
(509) 344-7787  
rsvp@ymcainw.org

**Application for Transportation Reimbursement**

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

What kind(s) of transportation reimbursement are you seeking? Mileage \_\_\_\_ Bus Fare \_\_\_\_ Both \_\_\_\_

**\*\*\*To receive transportation reimbursement, your annual income must meet the "low income" guideline (80% of the Median Family Income) as set by the Department of Housing and Urban Development.\*\*\*  
(For a single individual, "low income" = \$40,150 per year or less for FY 2019).**

**Note:** RSVP operates on an "honor system." We do not require proof of income, and we trust that if you are applying for transportation reimbursement, it is because you have a legitimate need.

**Transportation Reimbursement Guidelines**

**Note:** Reimbursement will begin to accrue only after this application has been received by RSVP along with any required supporting documents (Photocopy of Vehicle Insurance for mileage reimbursement).

**Mileage:** \$0.20/mile, up to \$25.00 per month. Reimbursement will accrue until the amount available totals at least \$5.00 before payment is disbursed.

**Bus Fare:** \$1.00/day, up to \$25.00 per month. Reimbursement will only be provided for actual days of volunteer service. Reimbursement will not be provided for 31-Day Passes. Reimbursement will accrue until the amount available totals at least \$5.00 before payment is disbursed.

**Instructions for Applicants seeking Mileage Reimbursement**

You must have a valid Driver's License and the Washington state-required minimum liability insurance. **Please submit a photocopy of your vehicle insurance along with this form to your Volunteer Station supervisor. You can also mail/email proof of insurance to RSVP directly using the contact information listed above.**

Driver's License #: \_\_\_\_\_ State Issued: \_\_\_\_\_

**By signing below, I acknowledge that I have read and understand the following statements:**

- Transportation reimbursement is provided upon request to RSVP volunteers age 55 and older.
- The purpose of reimbursing for transportation is to allow low-income individuals to volunteer with minimal out-of-pocket expense.

- Reimbursement is provided only for miles driven or bus fare between my home and volunteer station.
- RSVP will not reimburse me for miles driven/bus fare while performing duties for my volunteer station.
- In order to receive transportation reimbursement, I must submit my timesheet signed by my volunteer station supervisor to RSVP by the 10<sup>th</sup> of the month.
- Payment of volunteer transportation reimbursement requests may be prorated according to the number of claims per month and the funding available.

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**RSVP Volunteer Signature**

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**Volunteer Station Supervisor Signature**