



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

Date:
Volunteer Station:
Volunteer Number:
Approved for Reimbursement:
RSVP Staff Initials:

Application for Transportation Reimbursement

Name:			
Mailing Address:		City:	Zip:
Phone:	E-mail:		
What kind(s) of tra	ansportation reimbursement are you seeking?	Mileage Bus Fare	e Both
	Transportation Reimbursement	Guidelines	
	ment will begin to accrue only after this applica porting documents (Photocopy of Vehicle Insura		
	nile, up to \$25.00 per month. <i>Reimbursement w</i> fore payment is disbursed.	ill accrue until the amo	unt available totals
volunteer service.	day, up to \$25.00 per month. Reimbursement w. . Reimbursement will <u>not</u> be provided for 31-Day able totals at least \$5.00 before payment is disb	y Passes. Reimbursemei	
Instructions for Ap	oplicants seeking Mileage Reimbursement		
submit a photocop	alid Driver's License and the Washington state-roy of your vehicle insurance along with this for ill proof of insurance to RSVP directly using the	m to your Volunteer St	ation supervisor. Yo
Driver's License #:		State Issued:	
By signing below, I	acknowledge that I have read and understand the	following statements:	
 Transportation 	on reimbursement is provided upon request to RSV	P volunteers age 55 and c	older.
 Reimbursem 	nent is provided <u>only</u> for miles driven or bus fare bet	ween my home and volui	nteer station.
 RSVP will no 	t reimburse me for miles driven/bus fare while perfe	orming duties for my volu	inteer station.
 In order to re 	eceive transportation reimbursement, I must submi	t my timesheet <u>signed by</u>	my volunteer
	<u>rvisor</u> to RSVP by the 10 th of the month.		
·	volunteer transportation reimbursement requests n r month and the funding available.	nay be prorated according	રૂ to the number
PSVD Voluntoer Si		oor Station Supervisor	Signatura
RSVP Volunteer Sig	gnature Volunt	eer Station Supervisor	Signature