MEMBER
Neighbors Care Alliance
A partnership with Pima Council on Aging

VOLUNTEER MONTHLY REPORT

for PROGRAM: _ *Valley Assistance Services* _____

Volunteer Name: _____

Volunteer Signature_____ Dated_____

Check here to request mileage reimbursement from RSVP ____

Enter driver starting address to request RTA reimbursement _____

By requesting RTA VTS reimbursement I verify I am *not an employee* of this program and that I am *driving my own vehicle.*

Date	**Recipient/Client Name**	Description of Service To receive RTA reimbursement list each stop along with the address or cross streets	Hours	Ride Miles	Errand Miles	Other Miles	Stops
TOTAL		**Note: Record hours to nearest 15 minutes. Record whole miles Total >**	**0**	**0**	**0**	**0**	**0**

Transportation - Errands - Friendly Visit - Friendly Phonecall - Caregiver Relief - HouseKeeping - Yard Work - Home Maintenance - Other

To be reimbursed volunteers should submit reports by **the 5th of every month.** Maximum round trip mileage for reimbursement is **50 miles**. Only Transportation/Errands will be reimbursed

Program Coordinator _____ Date _____ RSVP Manager _____ Date _____