



Douglass Community Services, Inc.  
**RSVP Mileage  
 Reimbursement Request**



**Return to RSVP office by the 10<sup>th</sup> of the following month**

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

Mailing Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Month: \_\_\_\_\_ Year: \_\_\_\_\_

Date	Volunteer Assignment	Task undertaken	Hours served	Miles travelled

*By signing below, I certify that this statement and the amount claimed are true, correct and complete to the best of my knowledge.*

**Volunteer signature:** \_\_\_\_\_

**Please send to:** 711 Grand Ave, Hannibal, MO 63401

**Or Email to:** [rsvp@douglassonline.org](mailto:rsvp@douglassonline.org)

**Or Fax to:** 573-221-6196

**For Office Use Only:**

Number of miles \_\_\_\_\_ X reimbursement rate \_\_\_\_\_

Total reimbursement: \_\_\_\_\_

Signature RSVP Director: \_\_\_\_\_ Date: \_\_\_\_\_