LAKE COUNTY COUNCIL ON AGING
Volunteer Mileage Reimbursement Request

Volunteer Name: _____ Quarter/Year: _____

Complete the required information upon completion of each volunteer assignment.
Have your staff supervisor initial each entry.

Mileage reimbursements will be paid on a quarterly basis. This form must be submitted at the end of each quarter. Mileage forms more than one month late will not be accepted.

Choice of Reimbursement Rate:
$ 0.14/mile = not taxable
$ 0.30/mile = taxable; will receive a 1099 if reimbursements total $600 or more

Date	Destination (To/From) or Route Number	Nutrition Site	Net Miles	Staff Supervisor's Inititals
	Total Miles			
	Mileage Rate @ $ 0.14			$
	-OR-			**-OR-**
	Mileage Rate @ $ 0.30	(*See below)		$
	Page Total			

***Completion of a W9 is REQUIRED for the $.30/mi. reimbursement.**

I, the undersigned, certify that these expenses are accurate and were incurred by me in the performance of my duties as a volunteer of the Lake County Council on Aging.

_____ _____
Volunteer Signature Date

_____ _____
Director of Community Service Signature Date