LAKE COUNTY COUNCIL ON AGING Volunteer Mileage Reimbursement Request

Volunteer Name:				_Quarter/Year:			
Volunteer Position Code (circle one):			one): G	S MoWI)		
	he required i staff supervi		upon completion o ch entry.	f each volunteer	assignment.		
at the end	of each quar	ter. Mileage	aid on a quarterly be forms more than nteer time" milea	one month late v	vill not be ac	cepted.	
	sement Rat e = not taxa						
Ψ σ.τ ι/ττιικ	o – not taxe						
	Route		Starting	Ending	Net	Supervisor	
Date	Number	Site	Address	Address	Miles	Inititals	
	Total Mile	es					
Mileage Rate @ \$ 0.14						\$	
	Page To	otal					
					OFFICE	USE ONLY:	
I, the undersigned, certify that these expenses are accurate and were					Totals Verified by:		
incurred by me in the performance of my duties as a volunteer						Special Mailing Instructions:	
of the Lake County Council on Aging.							
Volunteer Signature				Date			