

**RSVP/Lifespan of Greater Rochester
TRAVEL REIMBURSEMENT OPTIONS**

Whether or not you choose to request reimbursement, you must sign and return the form.

_____ **OPTION 1:** I will not request mileage, cab, and/or bus fare reimbursement.

_____ **OPTION 2:** Please reimburse mileage, cab, and/or bus fare to and from my volunteer site, or as accumulated as part of my volunteer assignment, as I authenticate on my mileage/time sheet. (See associated policy regarding mileage reimbursement.) Please note that all such requests must be signed by the station volunteer coordinator as well as by the volunteer requesting reimbursement.

Reimbursement rate is \$.13 per mile with a cap of \$20.00 per month, paid quarterly.

*Alternatively, you can claim your unreimbursed volunteer mileage on your income taxes. We will compile a record of your mileage as submitted on your monthly timesheet. When requested we will send your total mileage report at the end of the year. **To receive this report, check here** _____.*

Remember, you may change your option at any time during your volunteer service simply by completing a new Travel Reimbursement Options Form. Remember too, this form in no way affects your volunteer hours, which are very important for us to track.

We thank you for all your volunteer efforts.

Name (print) _____

Signature _____ Date _____

Please check the option that you prefer, sign the form and return to:

LIFESPAN RSVP
1900 South Clinton Ave.
Rochester, NY 14618