**Reimbursement Form**

Milestone reimbursement forms must be submitted within 60 days of expenditure. Reimbursements may not be honored if monthly activity reporting forms are not returned.

<table>
<thead>
<tr>
<th>Date traveled</th>
<th>City or City &amp; street address (if traveling in the same city)</th>
<th>Comments (related to travel, visits or meetings)</th>
<th>Miles traveled</th>
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**Volunteer Signature:** ____________________________ **Date:** ______________

I hereby certify that the services and expenses listed have been rendered or incurred and are correct and just and that payment has not been received.

**Approved DHS Signature:** ____________________________ **Date:** ______________

I hereby certify that the services and expenses covered by this claim have been performed or incurred and are proper. Payment is recommended.

**Total mileage**

Total # of miles multiplied by current rate of $0.575

Total training meal
Max reimbursement $6

Total reimbursement
Instructions

Use one form for each month that you are submitting expenses.

Name and address are required:
• Print your name and full street address including zip code.

Date:
• Print the day, month and year completing this form.

Destination:
• If traveling outside of the city (from where you live) print the name of the city.
• If traveling in the city where you live, print the exact street address of the residence or meeting location.
• Do not print the name of the residence or meeting location.

Miles:
• Print the actual number of miles to the location.

Meal for training:
• Complete this column when claiming approved lunch reimbursement while attending approved volunteer training.
• Meal receipts are not required.

• Reimbursement is not made for alcoholic beverages.
• If claiming a meal for your volunteer spouse, note this in the comments section.

Comments:
• Include comments related to travel, assigned visits or meetings, if necessary.

Total:
• Add up your miles and multiply it by the current federal mileage rate
• Add in any meal expenses (no receipt required)
• Add in any other expenses i.e. parking, (receipt required unless it is metered)
• Total all expenses

Signature:
• Your signature is required and your form will be returned if you forget to sign.
• New volunteers: print your social security number on the form for the first time you submit expenses.