



## Volunteer Driver Program Request for Mileage Reimbursement

<b>Reporting Month/Year (mm/yy):</b>	<b>VDP Program:</b> <input type="checkbox"/> STAR <input type="checkbox"/> TRIP
<b>Rider Name:</b>	<b>Rider Phone Number:</b>
<b>Driver Name:</b>	<b>Driver Phone Number:</b>

Thank you for participating in Marin Access Volunteer Driver Programs. Use this form to complete an entry for **each leg of the trip**, including the miles of each trip leg, and the volunteer hours (including non-driving time) at the **END OF THE TRIP**. An example is shown on the first row of the table below. Once all entries are complete, enter the totals for the month on page one of this form.

**PLEASE NOTE:**

- » Requests must be postmarked by the 10th day after any month of travel to be paid.
- » Complete addresses and actual mileage for each one-way trip must be reported.
- » Total number of trips, miles and volunteer hours are required for your form to be complete.
- » Client/Driver are responsible for providing complete addresses for all origins and destinations.
- » Forms that are incomplete, missing a signature, or illegible will result in a delay in processing and may be returned.

I certify that all information provided is true and accurate and that all travel was taken as reported. I further certify that my volunteer driver is not an employee of Marin Transit or Transdev and I understand and agree that the Volunteer Driver Program and its funding sources do not assume any liability for my personal choice of driver, nor any insurance liability. I agree to abide by all Volunteer Driver program policies and understand that failure to do so may result in my becoming ineligible for continued participation in the program. It is our policy for clients to pay reimbursements, when received, to their volunteer drivers.

<b>Total Trips:</b>	<b>Total Miles:</b>	<b>Total Volunteer Hours:</b>
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**RIDER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**DRIVER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**For your convenience, we accept completed forms via mail, email or upload to our website.**

- » **Mail:** Attn: VDP Reimbursement | 3000 Kerner Boulevard, San Rafael, CA 94901
- » **Email:** Subject: VDP Reimbursement | [travelnavigator@marinaccess.org](mailto:travelnavigator@marinaccess.org)
- » **Upload:** <https://marintransit.org/volunteer-driver>

INTERNAL USE ONLY		
Date Received:	Date Processed:	Mileage Confirmed:
Postmark Date:	Processed By:	Reimbursement:

Please print legibly and be sure to fill out each section completely.  
**Need assistance?** Call the Travel Navigators at 415-454-0902.



## Volunteer Driver Program Request for Mileage Reimbursement

**Please use the following key to enter the purpose for the trip:**

- |                      |                          |                              |
|----------------------|--------------------------|------------------------------|
| H - Health Care      | F - Visit Family/Friends | C - Class/school             |
| B - Banking          | R - Religious            | E - Entertainment/Recreation |
| P - Personal Errands | V - Volunteer Work       | O - Other                    |
| S - Shopping         | D - Dining               | X - Return Home              |

Date of Trip	Trip Purpose	Origin Name of Location Street Address City & Zip	Destination Name of Location Street Address City & Zip	Miles Driven	Volunteer Driver Hours
6/6/20	<i>H</i>	<i>Marin Transit 711 Grand Avenue, Suite 110 San Rafael 94901</i>	<i>Marin General Hospital 250 Bon Air Road Greenbrae 94904</i>	8	3

**Don't forget to add the total number of trips, miles, and volunteer hours on page one!**

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