RSVP Volunteer Travel Reimbursement Form

(*One month per form. Hours must be performed in same month for reimbursement*.)

send to: RSVP
Husted 205
135 Western Ave.
Albany, NY 12222
(518) 442-5585
(518) 442-5326 fax
email: rsvp@albany.edu

Month _____

Volunteer Name _____

Volunteer Station _____

Volunteer Assignment _____

DATE	FROM (ADDRESS, CITY)	TO (LOCATION)	BUS FARE	MILES	REASON FOR TRAVEL
					TOTAL MILES
					RSVP Office

Volunteer Signature _____

Supervisor Signature _____RSVP Staff Signature _____

*Mileage reimbursable **only** within Albany, Schenectady & Rensselaer County lines to and from volunteer home and station **not** to exceed 125 miles or $25.00 per month.
*Reimbursement subject to availability of budget funding. Processing of reimbursement **may** take up to 90 days.