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**Request for Volunteer Mileage Reimbursement**

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| --- | --- |
| Program Name/City | Click here to enter text. |
| Volunteer’s Name  | Click here to enter text. |
| Case Number | Click here to enter text. |
| Travel Date | Click here to enter text. |
| Volunteer’s City of Origin | Click here to enter text. |
| Destination City of Child’s Placement | Click here to enter text. |
| Total Miles Traveled Roundtrip | Click here to enter text. |
| Total travel Time | Click here to enter text. |
| Total time Spent with Child | Click here to enter text. |
| Mileage Reimbursement Amount Requested***(rate x roundtrip miles travelled)*** | Click here to enter text. |
| Lodging Amount Requested | Click here to enter text. |

**Volunteer Signature**

**Caseworker Supervisor**

**Board Treasurer or Alternate**

***Attach****: (1) Google Map or equivalent (2) Lodging Receipt (3) Mileage Reimbursement Policy [first submission only]*