

Greene County Department of Human Services (Aging) – Volunteer Services

Greene County Office Building 411 Main Street, Catskill, NY 12414

HOMEBOUND TRANSPORTATION VOLUNTEER MILEAGE REIMBURSEMENT

**** PLEASE RETURN TO OFFICE BY THE 25th of EACH MONTH****

MILEAGE OLDER THAN 60 DAYS AT PROCESS CANNOT BE PAID

Print Volunteer Name: _____ Signature: _____ Mileage for (Month/Year) _____

Check here if additional forms are requested _____

DATE	CLIENT'S NAME, ADDRESS & ASSIGNMENT	TOTAL MILES	TOTAL HOURS	Client Signature

Mileage reimbursement requested? ___ NO ___ YES Should we forward this to RVP? ___ NO ___ YES

OFFICE USE ONLY:

DHS Stamp

Total Mileage: _____

Staff initials: _____

Date: _____