

# RSVP/OAA Volunteer Driver Report and Invoice



Volunteer: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Month/Year: \_\_\_\_\_

\*\*Each one-way trip purpose must be recorded separately.

\*\* Coordinated shopping trips must be recorded separately, such as from destination to home.

| Trip # | Date | Assigned Rider/Recipients | Departure Location | Destination Location | Trip Purpose | Service Provider | Odometer |       | Total Miles | Volunteer Hours |
|--------|------|---------------------------|--------------------|----------------------|--------------|------------------|----------|-------|-------------|-----------------|
|        |      |                           |                    |                      |              |                  | Start    | End   |             |                 |
|        |      | 1.                        |                    |                      |              |                  |          |       |             |                 |
|        |      | 2.                        |                    |                      |              |                  |          |       |             |                 |
|        |      | 1.                        |                    |                      |              |                  |          |       |             |                 |
|        |      | 2.                        |                    |                      |              |                  |          |       |             |                 |
|        |      | 1.                        |                    |                      |              |                  |          |       |             |                 |
|        |      | 2.                        |                    |                      |              |                  |          |       |             |                 |
|        |      | 1.                        |                    |                      |              |                  |          |       |             |                 |
|        |      | 2.                        |                    |                      |              |                  |          |       |             |                 |
|        |      |                           |                    |                      |              |                  |          | Total |             |                 |

| Service Purposes | Total One-Way Trips | Total Vehicle Miles |
|------------------|---------------------|---------------------|
| Medical          |                     |                     |
| Human Services   |                     |                     |
| Shopping         |                     |                     |
| ENP Site         |                     |                     |

| Approval         |  |
|------------------|--|
| Program          |  |
| Project          |  |
| Budget Line Item |  |
| Person           |  |
| Position         |  |
| Date             |  |
| Paid Date        |  |
| Check #          |  |
| Bookkeeper       |  |

This is a true and correct record of services provided and no other compensation has been provided for the vehicle use reimbursement requested.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_