AmeriCorps Seniors Lawton RSVP
1405 SW 11th Street
LAWTON, OK 73501-7304

Month and Year of Travel: _____

VOLUNTEER TRAVEL RECORD

Please use WHOLE NUMBERS ONLY when totaling your hours and miles. Round up for 0.5 and above.

DATE	VOLUNTEER STATION (Round Trip to / from Station)	VOLUNTEER HOURS	STARTING ODOMETER	TOTAL MILES	ENDING ODOMETER
All entries on this form are to be handwritten or typed by the RSVP volunteer					
	Total Volunteer Hours		Total Miles Driven		

These blocks are for RSVP Staff ONLY

DL Current: **Y N**

Insurance Current: **Y N**

Vendor #:	
Req/date: R	/
PO/date: P	/
Acct:	**Volunteer Tvl 5010-52090 Other Expenses**
Ck #/amt:	/
Ck date:	

TOTAL MILES DRIVEN: _____

TOTAL MILES AUTHORIZED: _____

Mileage Paid @**.585** cents per mile: $ _____

Miles driven on and after January 1, 2023

Verified by ACS Lawton RSVP Administrator Initials

By signing this document, I certify that all the information is true and correct to the best of my knowledge. I certify that I possess a valid driver's license and liability insurance as required by state law, and that the insurance was in effect during the dates of travel claimed above. I understand that a maximum is placed on individual claims, but all miles driven are reported each month. I further understand that the amount of mileage reimbursed to me is subject to change without prior notice to me.

_____
Driver's Signature (PRINT NAME also)

AmeriCorps Seniors

_____
Station Supervisor's Signature (PRINT NAME also)
Certifying dates/hours of volunteer service only

_____
Authorized by: ACS Lawton RSVP Administrator

Last edited on 12/30/2022