



Volunteer Driver Program

REQUEST FOR MILEAGE REIMBURSEMENT

Reporting Month/Year (mm/yy):

VDP Program: STAR TRIP

Rider Name:

Rider Phone Number:

Driver Name:

Driver Phone Number:

Thank you for participating in Marin Access Volunteer Driver Programs. Use this form to complete an entry for **each leg of the trip**, including the actual mileage for each trip leg, and the volunteer hours (including non-driving time) at the **END OF THE TRIP**. An example is shown on the first row of the table. Once all entries are complete, enter the totals for the month on page one of this form.

PLEASE NOTE:

- Volunteers must be registered with Marin Access prior to the first trip.
- Requests must be postmarked by the 10th day after any month of travel to be paid.
- Complete addresses and actual mileage for each one-way trip must be reported.
- Total number of trips, miles and volunteer hours are required.
- Rider/Driver are responsible for providing complete addresses for all origins and destinations.
- Forms that are incomplete or illegible will be returned.

I certify that all information provided is true and accurate and that all trips were taken as reported. I further certify that my volunteer driver is not an employee of Marin Transit or their contractor and I understand and agree that the Volunteer Driver Program and its funding sources do not assume any liability for my personal choice of driver, nor any insurance liability. I agree to abide by all Volunteer Driver program policies and understand that failure to do so may result in my becoming ineligible for continued participation in the program. Riders are expected to pay reimbursements, when received, to their volunteer drivers.

Total Trips:

Total Miles:

Total Volunteer Hours:

Rider Signature:

Date:

Driver Signature:

Date:

Submit this form by:

Mail:

PO Box 2387
San Rafael, CA 94912

Email:

travelnavigator@marinaccess.org

Upload:

marintransit.gov/volunteer-driver

INTERNAL
USE ONLY

Date Received:

Postmark Date:

Date Processed:

Processed By:

Mileage Confirmed:

Reimbursement:



Volunteer Driver Program

REQUEST FOR MILEAGE REIMBURSEMENT

Trip Purpose Key:

H - Health Care
B - Banking
P - Personal Errands
S - Shopping

F - Visit Family/Friends
R - Religious
V - Volunteer Work
D - Dining

C - Class/school
E - Entertainment/Recreation
O - Other
X - Return Home

Trip Date	Trip Purpose (use key)	Origin Name of Location Street Address City & Zip	Destination Name of Location Street Address City & Zip	Miles Driven	Vol. Driver Hours
6/6/20	H	Marin Transit 711 Grand Avenue, Suite 110 San Rafael 94901	Marin General Hospital 250 Bon Air Road Greenbrae 94904	8	3

Don't forget to add the total number of trips, miles, and volunteer hours on page one!



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