



Volunteer Center  
of Racine County  
Volunteers are the Heart of the Community

## RSVP MILEAGE REIMBURSEMENT REQUEST

**RSVP**  
**Lead With Experience**

Volunteer Center of Racine County, Inc.  
6216 Washington Ave. Suite G  
Racine, WI. 53406

[Volunteer@volunteercenterofracinecounty.org](mailto:Volunteer@volunteercenterofracinecounty.org)  
[www.volunteercenterofracine.org](http://www.volunteercenterofracine.org)

NAME (PLEASE PRINT) \_\_\_\_\_

DATE \_\_\_\_\_

LICENSE PLATE # \_\_\_\_\_

Date	Agency Where You Were Assigned	# of Hours	Odometer Out	Odometer In	Auto miles	<b>REIMBURSEMENT REQUEST</b>  By signing below, I certify that this statement, and the amount claimed are true, correct and complete to the best of my knowledge. I certify that I possessed a valid driver's license and that liability insurance in the minimum amount required by law was in force at the time of this travel.  <hr/> <b>IMPORTANT!</b>  Please don't forget the signature of your volunteer station supervisor!
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X \_\_\_\_\_  
Your Signature

x \_\_\_\_\_  
Station Supervisor

x \_\_\_\_\_  
Project Director