

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: _____