

Date	From	To	Round Trip	Total Miles
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TOTAL MILES				

The above information is true and correct to the best of my knowledge. I attest that all mileage included on this form is in conjunction with my volunteer service"

Volunteer Signature

Date

Please send completed and signed form to Blair Senior Services by one of the methods below:

Mail or Deliver Form
 Volunteer Program Coordinator
 Blair Senior Services, Inc.
 1320 12th Avenue
 Altoona, PA 16601

Fax
 (814) 201-2183

Email
NSSCP@blairsenior.org

<i>~ Office Use Only ~</i>													
<table border="1" style="width: 100%;"> <tr> <td style="width: 20%;"></td> <td>Total Miles</td> </tr> <tr> <td style="text-align: center;">0.365</td> <td>Mileage Rate</td> </tr> <tr> <td colspan="2">Total Reimbursement</td> </tr> </table>		Total Miles	0.365	Mileage Rate	Total Reimbursement		<table border="1" style="width: 100%;"> <tr> <td colspan="2">Approved for Payment</td> </tr> <tr> <td colspan="2">Program Staff</td> </tr> <tr> <td colspan="2">Date</td> </tr> </table>	Approved for Payment		Program Staff		Date	
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