Faith In Action

VOLUNTEER MILEAGE & ACTIVITY REPORT

Time Period: (At least quarterly, please)

Date	*Destination*	*Purpose*	*Miles*
		Total Miles	
		Total Reimbursement (Miles X $0.50/mile)	

_____ Please reimburse me the total reimbursement amount
_____ Please reimburse me this amount (up to the total) $_____
_____ Please consider my mileage reimbursement as an in-kind donation to FIA

Please submit this form even if you are not requesting any reimbursemnt so we can track in-kind support, Thank you.

Signature: _____ Date: _____