



**STAR PROGRAM
REQUEST FOR MILEAGE REIMBURSEMENT**

Name of Client: _____ Phone Number: _____

Name of Driver: _____ Phone Number: _____

Use the following pages to complete an entry for **each leg of the trip**, including the miles of 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 below. **Forms that are incomplete or illegible will result in a delay in processing.**

PLEASE NOTE:

- Request 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.
- Client/Driver are responsible for providing complete addresses for all origins and destinations.
- Forms that are incomplete or illegible will result in a delay in processing.

I certify that all information provided above is true and accurate and that all travel was taken as reported. I further certify that my volunteer driver is not an employee of Marin Transit or Whistlestop 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. It is our policy for clients to pay reimbursements, when received, to their volunteer drivers.

CLIENT SIGNATURE: _____ **DATE:** _____

DRIVER SIGNATURE: _____ **DATE:** _____

For your convenience, we accept forms via mail, fax or email:

Mail: Attn: STAR Reimbursement | 930 Tamalpais Avenue, San Rafael, CA 94901

Fax: Attn: STAR Reimbursement | 415-256-9159

Email: Subject: STAR Reimbursement | travelnavigator@marintransit.org

INTERNAL USE ONLY					
Date Received		Date Processed		Total Miles	
Postmark Date		Processed By		Reimbursement	

Please print legibly and be sure to fill out each section completely, incomplete applications will be returned.
Need assistance? Call the Travel Navigators at 415-454-0902.



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Please use the following key to enter the reason for the trip:

- | | | |
|---------------------|-------------------------|-----------------------------|
| H- Health Care | F- Visit Family/Friends | C- Class/school |
| B- Banking | R- Religious | E- Entertainment/Recreation |
| P- Personal Errands | V- Volunteer Work | O- Other |
| S- Shopping | D- Dining | X- Return Home |

DATE OF TRIP	TRIP REASON	ORIGIN Name of Location Street Number and Name City and Zip	DESTINATION Name of Location Street Number and Name City and Zip	MILES DRIVEN	VOLUNTEER HOURS PROVIDED
12/16/16	H	Whistlestop 930 Tamalpais Avenue San Rafael 94901	Marin General Hospital 250 Bon Air Road Greenbrae 94904	8	3

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