

Mentor Mileage Forms

Mentor Mileage

Claiming mileage is **optional**. Mileage reimbursement is available to help offset the miles driven for outings, as well as other costs while spending time with your youth. **Mileage forms** are on our website at www.hhsvolunteers.org under *Mentor Resources*, where you can directly submit your form to us. You are also able to print the form from our website or obtain forms from a mentor coordinator and return them by email, fax or mail.

Completing the Form

It is not necessary to complete all the columns on the form. You must include the following:

- the date of your meeting
- the purpose of your trip using client *initials* only
- where you went (place and city)
- the # of miles traveled (no need to total the # of miles traveled for the month)
- print and sign your name at the bottom

Due Date

Just like the mentor activity log, mileage is due on the **7th of the month**. For example, if you recorded the miles for your outings in April, you would turn it in by the 7th of May.

Reimbursement

The current **2014 mileage rate is 56 cents per mile**. You will receive your mileage check at the end of the month in which it was submitted. All mentor mileage is processed at the same time by our fiscal department. If you submit your mileage early, you will still receive payment at the end of the month. If you have not received your check by then, please contact a mentor coordinator.

The Outagamie County fiscal department will issue a 1099 to you only if you receive over \$600 of mileage reimbursement in one year. Volunteer mileage can also be used as a tax deduction. The current IRS mileage rate for volunteers is 14 cents per mile. We suggest talking to your tax advisor about how to handle your mileage. Your tax advisor may also suggest using other expenses you had while mentoring (meals, etc) as a tax deduction.

Please contact us with any questions:

832-2223/832-2460

hhsmentors@outagamie.org



Mileage reimbursement claim form for the month of:

August

due on the
7th of the
month

NOTE: You must itemize the mileage claimed for each day. Complete the fields highlighted in blue. Signature required below.

Date	State purpose of your trip using <i>client initials only</i> . Specify from what city your trip started, then each stop thereafter.	Beginning Odometer	Ending Odometer	Total Miles	Total Cost Miles
8/1	Mentor Match with J.K.. Went from Kimberly to LC to Darboy. Darboy to LC. LC to Kimberly			21	
8/3	Mentor outing with J.K.. Kimberly to LC to Green Bay. Green Bay to LC to Kimberly			54	
8/14	Mentor outing playing basketball at the YMCA with J.K.. Kimberly to LC to Neenah. Neenah to LC to Kimberly			40	
8/17	Mentor outing with J.K.. Kimberly to LC to Green Bay. Green Bay to LC to Kimberly			60	
8/20	J.K. and I went to the mall and then to see a movie. Kimberly to LC to Appleton. Appleton to LC to Kimberly			17	

Claimant's Statement: I declare this account of daily expenses is true and correct. These are actual, reasonable, and necessary expenses incurred by me in the performance of my duties as a volunteer for Outagamie County. No part of this account has been previously reimbursed to me. I certify that I have a valid driver's license and that I have personal automobile liability insurance coverage with limits in an amount at least equal to that of the Wisconsin Financial Responsibility Law (State Statute 344.01).

Claimant's Printed Name **(Required)**

Claimant's Signature **(Required)**

Date

Supervisor's Signature **(Required)**

Date