

## Instructions on how to complete the Volunteer Driver Services Trip Report

Complete each column every time you drive as a volunteer for Seniors' Resource Center (SRC):

- Month: At the top of the page, fill in the month for which you are driving.
- Date: Write in the date you are transporting your passenger(s) [i.e. 8/15].
- Rider Name: Write the passenger's first and last name.
- County: Write in the rider's resident county: either Jeffco (J), Denver (D), Arapahoe (Ar), Adams (Ad), etc.
- From: Write the address of where you are picking up your passenger.
- To: Write the address of where you are dropping off your passenger.
- Trip Type: Specify what the trip is -- in this box write: medical or personal.
- Total Miles Driven: Calculate miles driven from your (VD's) home [include all mileage while driving rider(s)] back to your (VD's) home. Write the total number of miles for the trip(s) you drove on a given date.
- Counting Trip No: Count one (1) for each rider for each destination. (i.e. If you transported 2 riders, the number of one-way trips would be 2 to a location). Each time a rider gets out of your vehicle, you've given one trip.
- Total Driving Hrs: Write the number of hours you spent driving [and if applicable, escorting] your passenger(s) to his/her appointments.

At the end of the month complete the following at the bottom of the form:

Totals: Please check either **yes** or **no** in the gray box to indicate whether you are requesting mileage reimbursement or donating the miles you have driven. (*Note: To deduct a charitable contribution (donated miles) from your taxes each year, you must file Form 1040 and itemize deductions on Schedule A. You may use a standard mileage rate of 14 cents per mile to figure your contribution.*) Write the number totals at the bottom of each column and if you are requesting mileage reimbursement, write the total miles driven on the lower left line above the Volunteer Name line.

### Volunteer

- Driver Info: Please print your first and last name, the date you are submitting the form, your address (city, state, zip) and phone number along with your signature on the appropriate lines.
- Mail or fax: The Trip Report by the 5<sup>th</sup> of the next month to the SRC address on the lower right part of the form. Please call (303)235-6912 or (303)235-6941 with any questions.
- Right bottom: You may ignore the right bottom part of the form under the SRC address - it's for SRC office staff.

\*\*\*To deduct a charitable contribution (donated miles), you must file Form 1040 and itemize deductions on Schedule A. Per *Your Federal Income Tax* booklet, *Contributions, Volunteer Questions and Answers, Car Expenses*, you may use a standard mileage rate of **14 cents per mile** to figure your contribution. See [www.irs.gov](http://www.irs.gov).

**SENIORS' RESOURCE CENTER - VOLUNTEER DRIVER SERVICES (VDS)  
TRIP REPORT**

**WHEAT RIDGE**

**THIS FORM DUE IN SRC OFFICE BY THE 5th OF EACH MONTH**  
 Note: Mileage will be paid during the month submitted if requested.

MONTH: \_\_\_\_\_, 2012

**\*Note: A one-way trip is considered as going from one start point to one finish point [rider(s) get out of the vehicle].**

| Date          | Name of Rider(s)  | Rider's Resident County<br>Jeffco/<br>Other | From | To | Trip Type<br>(List if Medical or Personal) | Total Miles Driven | No. of 1-Way Trips | Total Driving Hours (& escort) |
|---------------|---|---|------|----|--|--------------------|--------------------|--------------------------------|
|               |   |   |      |    |  |                    |                    |                                |
|               |   |   |      |    |  |                    |                    |                                |
|               |   |   |      |    |  |                    |                    |                                |
|               |   |   |      |    |  |                    |                    |                                |
|               |   |   |      |    |  |                    |                    |                                |
|               |   |   |      |    |  |                    |                    |                                |
|               |   |   |      |    |  |                    |                    |                                |
|               |   |   |      |    |  |                    |                    |                                |
| <b>TOTALS</b> | <b>Please check one:</b> _____ Yes, I am requesting mileage reimbursement. _____ No, I am not requesting reimbursement, these are donated miles.*** I hereby certify that this account of travel is accurate. |   |      |    | Med:<br>Pers:                              |                    |                    |                                |

TOTAL MILES DRIVEN THIS MONTH: \_\_\_\_\_ X \$.45 per mile = \$ \_\_\_\_\_

Mail or fax this form to:  
**SRC, Attn: Vol. Svcs. - VDS**  
**3227 Chase Street, Denver, CO 80212**  
**Ph: (303)235-6941 or 6912**  
**Fax: (303)238-8497**  
 VDS Coor initials & date: \_\_\_\_\_

\_\_\_\_\_  
 VOLUNTER NAME (Please print)  
 \_\_\_\_\_  
 SIGNATURE OF VOLUNTEER DRIVER  
 \_\_\_\_\_  
 ADDRESS CITY STATE ZIP

\_\_\_\_\_  
 DATE  
 \_\_\_\_\_  
 PHONE  
 \_\_\_\_\_  
 STATE ZIP

SRC dept copies to: Finance, Vol. Svcs, VDS

**GL Acct: 721010, Cost Ctr: VS.VDP, Fund: Colo**

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