

Seniors' Resource Center



SENIORS'
RESOURCE
CENTER



Volunteer Driver Services
A How To on Trip Reports



Volunteer Drivers:

Provide rides in personal vehicle to seniors when other transportation is not available

Receive ride assignments from Seniors' Resource Center (SRC) via email or phone

Confirm trip assignment details with passenger prior to ride

May receive reimbursement for miles driven (includes miles from volunteer driver's home to passenger first pick-up/last drop point and back to the volunteer driver's home)

Complete a Volunteer Driver Services Trip Report each month.



Trip Report

But if I'm a volunteer, why do I have to complete a report?

A report is required to collect mileage reimbursement.

The trip report is used by several Seniors' Resource Center departments (Finance, Transportation Services, Volunteer Services, and Volunteer Driver Services) to track mileage, trip numbers (rides provided) and volunteer hours.

More seniors receive rides if the mileage is *documented*. The program receives funding from various funding sources (foundations, grants, state, etc.) based on the number of *documented* trips provided!!!



Trip Report

How much information is required?

Month you are driving

Date you are transporting passenger

Passenger's first & last name

Passenger's resident county

Address of pick-up

Address of drop off

Trip type (personal or medical)

Miles driven (calculated from volunteer's home & back)

Number of trips (rider destinations)

Total volunteer hours (includes drive time and any rider escort time or assistance)



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

WHEAT RIDGE

MONTH: January, 2011

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

*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 Jeffco/ Other	From	To	Trip Type (List if Medical or Personal)	Total Miles Driven	No. of 1-Way Trips	Total Driving Hours (& escort)	
1/5	Don Juan	Jeff	2050 Daydream Ln ^(Home)	1515 Rich Dr	M	5	1	.50	
1/7	Gretta Grubb	Adams	1155 Cook St. ^(Home)	1750 Stout St	P	20	1	1.25	
1/10	Susie Que	Jeff	6555 Schneider ^(Home)	Watergreens Bank City Vet/Rails/Home	P	25	5	2.5	
TOTALS						Med: 1 Pers: 6	50	7	4.25

5 trips = 5 destinations

If claiming reimbursement for miles, be sure to check

Totals must match

TOTAL MILES DRIVEN THIS MONTH: 50 X \$.45 per mile = \$ 22.50

John Deer
VOLUNTEER NAME (Please print)
John Deer
SIGNATURE OF VOLUNTEER DRIVER
4220 Title Dr, Wheat Ridge
ADDRESS CITY

1/31/2011
DATE
303-343-3333
PHONE
CO 80033
STATE ZIP

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 Coord initials & date: _____

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

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

***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.
VDS Trip Report 2011 - WR 120110.doc

12/1/10



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TRIP REPORT

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Note: Mileage will be paid during the month submitted if requested.

*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 Jeffco/ Other	From	To	Trip Type (List if Medical or Personal)	Total Miles Driven	No. of 1-Way Trips	Total Driving Hours (& escort)
1/10	Susie Que	Jess	(home) 6555 Schneider	Walgreens 4400 Wadsworth	P	3	1	.50
1/10	Susie Que	Jess	Walgreens 4400 Wadsworth	(Home) 6555 Schneider	P	3	1	.25
1/10	Susie Que	Jess	6555 Schneider	Walgreens/Bank one/Vet/Nails/Home	P	25	5	2.5
TOTALS						Med: 7 Pers: 31	7	3.25

☺ Use separate line for return trip or combine trips in the "to" block on one line. Either method is acceptable.

Totals must match

TOTAL MILES DRIVEN THIS MONTH: 31 X \$.45 per mile = \$ 13.95

Ann Smith
VOLUNTEER NAME (Please print)
Ann Smith
SIGNATURE OF VOLUNTEER DRIVER
3333 Tallulah St Denver
ADDRESS CITY

11/31/2011
DATE
720/210-2222
PHONE
CO 80202
STATE ZIP

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 Coord initials & date: _____

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VDS Trip Report 2011 - WR 120110.doc



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TRIP REPORT

WHEAT RIDGE

MONTH: January, 2011

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Note: Mileage will be paid during the month submitted if requested.

*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 Jeffco/ Other	From	To	Trip Type (List if Medical or Personal)	Total Miles Driven	No. of 1-Way Trips	Total Driving Hours (& escort)
1/13	Bob Bean & Nancy Nice	Denver	1502 S. Vrain	Perkins/Bank/Pharmacy/Hom	P	10	8	2.0
4 destinations X 2 passengers								
1/14	Gertrude Grape	Adams	2244 Commerce Dr	K Mart 4392 State St	P	33	2	2.75
	Nathan North	Adams	3124 Adams Ln.	K Mart 4392 State St	P		2	
2 separate pick-ups to one destination								
TOTALS	Please check one: <input checked="" type="checkbox"/> Yes, I am requesting mileage reimbursement. <input type="checkbox"/> No, I am not requesting reimbursement; these are donated miles.*** I hereby certify that this account of travel is accurate.				Med: Pers:	12 43	12	4.75

TOTAL MILES DRIVEN THIS MONTH: 43 X \$.45 per mile = \$ 19.35

Joe Smo
VOLUNTEER NAME (Please print)
Joe Smo
SIGNATURE OF VOLUNTEER DRIVER
23 Tulane Dr. Golden
ADDRESS CITY

1/31/2011
DATE
720 215 2151
PHONE
CO 80401
STATE ZIP

Mail or fax this form to:
SRC, Attn: Vol. Svcs. - VDS
3227 Chase Street, Denver, CO 80212
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Fax: (303)238-8497
VDS Coord initials & date: _____

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Trip Report

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

Check “yes” or “no” in the gray box to indicate whether you are requesting mileage reimbursement or donating the miles you have driven.

Check to be sure that the “total miles driven” entries include the miles from the volunteer driver’s home and back.

Complete the Volunteer Driver info (name, address, phone, signature, and the date you are submitting the form.)

Mail, email or fax the report by the 5th of the following month to the SRC address on the form.

Please phone (303) 235-6912 or (303)235-6952 with any questions on completing the form.

