

[This is only a sample. Projects are encouraged to customize as appropriate]

FGP MEALS AND MILEAGE REIMBURSEMENT REQUEST

FGP of _____
 Sponsored by: _____
 Address: _____

Return to the FGP Office by the 10th of the Following Month

NAME (PLEASE PRINT) _____
 MAILING ADDRESS _____
 LICENSE PLATE # _____ SOCIAL SECURITY No. _____
 MONTH OF _____, 200__ PHONE _____

Date	Agency Where You Were Assigned	# of Hours	Odometer Out	Odometer In	Auto miles	Meals*	
1							By signing below, I certify that this statement, and the amount claimed are true, correct and complete to the best of my knowledge. I certify that I possess a valid driver's license and that liability insurance in the minimum amount required by law was in force at the time of this travel.
2							
3							
4							
5							
6							
7							
8							
9							
10							
11							
12							
13							REIMBURSEMENT REQUEST [Auto mileage rate is \$.__ per mile, subject to a monthly maximum of __ miles] Total Miles: _____ @\$.__ = _____
14							
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28							
29							
30							
31							

IMPORTANT!

Please don't forget the signature of your volunteer station supervisor!

*Enter either (a) an "X" if you received a free meal at a nutrition site or (b) the cost of meals, if received at another site.

X _____ x _____ x _____
 Your Signature Station Supervisor Project Director