North Valley Animal Disaster Group
Request for Mileage Reimbursment

Event Name _____

Claimant _____

Address _____

City, State, Zip _____

Date _____

NVADG Review: _____

BCAC Review: _____

Date	Description	Starting Mileage	Ending Mileage	Total Mileage

Total Mileage: _____

(x) 2020 Mileage Rate: 0.575

Total Reimbursement: _____

For each day with mileage claim, corresponding completed 214s attached. ☐

I, the undersigned, declare under penalty of perjury that the services claimed have been performed, and that this claim is true and correct as stated.

_____

Signature of NVADG Volunteer Date

Created 01/20