

TOTAL MILEAGE: _____

I certify that this mileage report is true and accurate regarding the miles I used my vehicle to conduct TIP volunteer business.

Volunteer Signature: _____ Date: _____

This report certifies that the mileage accrued on this form is for official volunteer business for Trauma Intervention Programs of San Diego County, Inc. Tax ID 33-0492484.

Jae Marciano, Executive Director