

VISTA

RETURN TRAVEL HOME

(to be completed **ONLY** by members who relocated for VISTA service!)

Member Name: _____ Social Security Number: _____

Project Site Name: _____ Project Phone Number: _____

Date of Travel: _____

TRAVEL MODE

IF YOU ARE FLYING OR TAKING THE TRAIN, THE CORPORATION FOR NATIONAL AND COMMUNITY SERVICE **MUST** PURCHASE YOUR TICKET (WITH ONE EXCEPTION* – SEE BELOW).

If you are not returning to your home of record, you may be entitled to the cash equivalent of your airfare. Please contact the state office for more information. **If you request a travel date that is more than 30 days after your close of service date, you will automatically receive the cash equivalent of your fare.*

Air: Name of Departing Airport: _____ City: _____ Time of day: _____

Name of Arrival Airport: _____

Driving: How many miles (one way) from your project to home of record? _____

Other modes of transportation: Bus _____ Train _____

Departing Station: _____ Arrival Station: _____

BAGGAGE

Receipts are required. You are entitled to be reimbursed for personal items mailed from your current address to your home of record stated in your application: \$25 for every 100 miles up to a maximum of 2000 miles (\$500). Should you exceed the amount of entitled funds, you will not be reimbursed the excess amount. You **will not** be reimbursed for the cost of any storage facility, rental cars, or rental moving trucks. **YOU HAVE 30 DAYS FROM THE DATE OF DEPARTURE TO SUBMIT A VOUCHER REQUESTING REIMBURSEMENT. PLEASE BE SURE WE RECEIVE IT WITHIN 30 DAYS.**

CORPORATION FOR NATIONAL & COMMUNITY SERVICE
10 CAUSEWAY STREET, ROOM 473
BOSTON, MA 02222

617-565-8607 FAX

ADDRESS FOR W-2 FORM

STREET ADDRESS _____

CITY, STATE, ZIP _____

TELEPHONE _____

PLEASE RETURN THIS FORM WITH YOUR FUTURE PLANS FORM