EAST CASCADES BIRD CONSERVANCY
WINTER RAPTOR SURVEY
MILEAGE REIMBURSEMENT FORM

Claimant Name _____
Claimant Address _____
_____
_____

Date of Survey	Route Name	Route Mileage Traveled	Roundtrip Mileage to Route from Home

Total Route Miles Traveled _____ @ 12 cents/mile = $ _____

I hereby certify that it was necessary for me to use the above mileage in order to complete one or more surveys for the ECBC Winter Raptor Survey Project.

Signature

_____

I understand that the ECBC is a non profit organization with a 501 c 3 tax status and is thus able to receive tax deductable donations. In lieu of receiving financial reimbursement for the above claimed mileage, I would like to donate the value of the mileage to this ECBC Project and receive a statement from ECBC acknowledging acceptance of this donation for my tax records.

Signature

_____