

Request for AmeriCorps VISTA Close of Service Travel Assistance Form

AmeriCorps VISTA requires VISTA members to submit this form to obtain financial assistance for close of service travel. Members must complete and submit this form to VMSUForms@americorps.gov no later than two (2) weeks after ending your service term. If possible, this form should be submitted prior to ending service.

The allowance for close of service travel is financial assistance intended to help offset the costs associated with traveling to your home at the end of your VISTA service. The Close of Service Travel Allowance is based on the direct mileage between your physical address immediately prior to relocation and your VISTA project site's address. The monetary amount of your Close of Service allowance will be identical to the Relocation Assistance allowance you received when initially relocating to serve with AmeriCorps VISTA, which is calculated at \$0.40 per mile and paid eight to ten weeks after your relocation voucher is approved.

VISTA members are eligible for close of service travel assistance if they:

1. Relocated more than 50 miles to report to their project site;
2. Received a Relocation Allowance; AND
3. Are relocating more than 50 miles from the physical address of the project site at the conclusion of their service term.

If you are eligible and relocating at the conclusion of your service, please complete, sign this form and return it to VMSUForms@americorps.gov.

By completing and signing this form, you are certifying that you are relocating more than 50 miles at the conclusion of your service term.

AmeriCorps VISTA will begin processing your close of service travel assistance request upon receipt of your completed form.

CERTIFICATIONS

By typing your name in the signature block, you are certifying that you are relocating at the conclusion of your service with AmeriCorps VISTA and that you understand that if you do not relocate that AmeriCorps may seek to recoup relocation assistance funds from you.

I, _____, hereby certify that I have relocated for service with AmeriCorps VISTA, and will be relocating at the end of my service term as well. I understand that AmeriCorps may seek to recoup relocation assistance funds from me if I do not relocate.

The anticipated date(s) of my travel are: Travel Start Date: Travel End Date:

Signature:

Date: