



## Volunteer Reimbursement Form

Class: \_\_\_\_\_

Volunteer Name: \_\_\_\_\_ Office Held: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for reimbursement:

Please list receipts\*:

_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____
_____ \$ _____	_____ \$ _____

Total reimbursement amount: \$ \_\_\_\_\_

Do you wish to donate this amount to the class treasury? Y / N  
(A receipt for tax purposes will be sent to you)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*\*Please Note:*

*All original receipts must be attached to this form; mileage reimbursement is currently .485¢ per mile. This form must be submitted to your Class Treasurer for reimbursement.*