

Volunteer Expense Reimbursement Request

Please complete this document and attach all physical receipts. This document is prepared for printing and manual signature authorization.

Volunteer Information

Volunteer Name:

Phone Number:

Email Address:

Program/ Event Name:

Date Submitted:

Expense Breakdown

Please itemize your volunteer-related expenses below. Only authorized expenses with attached receipts will be processed.

Date of Expense	Description and Purpose	Category (e.g., Travel, Supplies, Food)	Amount (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Total Reimbursement Claimed:			<input type="text"/>

Authorizations

By signing below, the volunteer certifies that the expenses listed above were incurred solely for the benefit of organization-sanctioned volunteer activities.

Volunteer Signature: Date:

Supervisor Signature: Date: