

# Volunteer Supplies and Materials Reimbursement Form

Please fill out this form to request reimbursement for materials and supplies purchased for volunteer activities. Attach all original receipts to this form before submitting for approval.

## Volunteer Information

<b>Volunteer Full Name:</b>	<input type="text"/>
<b>Phone Number:</b>	<input type="text"/>
<b>Email Address:</b>	<input type="text"/>
<b>Mailing Address (for check delivery):</b>	<input type="text"/>
<b>Program / Project Name:</b>	<input type="text"/>

## Expense Details

List all purchased items below. Ensure a corresponding receipt is attached for each entry.

<b>Date of Purchase</b>	<b>Store / Vendor</b>	<b>Description of Items Purchased</b>	<b>Amount (\$)</b>
<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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Reimbursement Requested:</b>			<input type="text"/>

## Acknowledgment and Signatures

By signing below, I certify that the expenses listed above were incurred directly for volunteer activities and have not been reimbursed by any other source.

<b>Volunteer Signature:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>
<b>Supervisor / Coordinator Approval:</b>	<input type="text"/>	<b>Date:</b>	<input type="text"/>

## For Office Use Only

<b>Approved Amount:</b>	<input type="text"/>
<b>Account Code / Category:</b>	<input type="text"/>
<b>Processed By (Name):</b>	<input type="text"/>
<b>Date Paid:</b>	<input type="text"/>