

# Charity Event Volunteer Expense Reimbursement Template

Please fill out this reimbursement form for out-of-pocket expenses incurred during your volunteer service. Attach all original receipts to this form before submission.

## Volunteer Information

Volunteer Name:

Email Address:

Phone Number:

Mailing Address (for check delivery):

## Event Information

Charity Event Name:

Date of Event:

Event Coordinator / Supervisor:

## Expense Details

Date of Expense	Description of Expense (Item, Purpose)	Expense Category (e.g., Supplies, Travel, 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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Reimbursement Claimed:</b>			\$0.00

## Signatures & Approvals

By signing below, the volunteer certifies that the expenses listed above were incurred solely for the benefit of the charity event and are supported by the attached receipts.

Volunteer Signature:  Date:

Coordinator/Approver Signature:  Date: