

# Nonprofit Volunteer Out of Pocket Expense Sheet

Please complete this form to request reimbursement for out-of-pocket expenses incurred during your volunteer service. Attach all original receipts to this sheet before submitting for approval.

## Volunteer & Program Information

Volunteer Name:  Date Submitted:   
Phone Number:  Email Address:   
Program/Event Name:  Manager/Supervisor:

## Expense Details

Date of Expense	Description / Purpose of Expense	Category (e.g., Supplies, Travel, Meals)	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"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Total Reimbursement Requested:</b>			<input type="text"/>

## Volunteer Certification & Authorization

I certify that the expenses listed above were incurred directly in the performance of my volunteer duties for this organization, and that I have not been reimbursed for these expenses from any other source.

Volunteer Signature:  Date:

## Internal Office Use Only

Approved By (Name/Title):  Signature:  Date:   
Account / Project Code:  Payment Method: