

Volunteer Expense Reimbursement Authorization Sheet

Please complete this form, attach all original receipts, and submit it to your supervisor for approval and processing.

Volunteer Information

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

Expense Details

List all authorized expenses incurred. Original receipts must be taped to a separate sheet of paper and attached to this form.

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

Authorization & Signatures

By signing below, the volunteer certifies that the expenses listed were incurred solely for authorized volunteer duties, and the supervisor approves the reimbursement of these expenses.

Volunteer Signature: Date:
Supervisor Name: Supervisor Title:
Supervisor Signature: Date Approved:

For Office Use Only

G/L Account Code: Payment Method:
Processed By: Date Processed: