

Volunteer Food and Lodging Expense Claim Form

Please use this form to claim reimbursement for approved lodging and meal expenses incurred during your volunteer service. Attach all original receipts to this form before submitting it for approval.

Volunteer Information

Volunteer Name:

Volunteer ID / Reference Number:

Email Address:

Phone Number:

Event and Travel Details

Event / Project Name:

Destination / Location:

Travel Start Date:

Travel End Date:

Lodging Expenses

Date of Stay	Hotel / Accommodation Name	Receipt / Invoice Number	Amount Claimed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$ 0.00"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$ 0.00"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$ 0.00"/>

Food and Meal Expenses

Date of Meal	Meal Type (Breakfast/Lunch/Dinner)	Establishment Name	Amount Claimed
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$ 0.00"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$ 0.00"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$ 0.00"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$ 0.00"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="\$ 0.00"/>

Claim Summary

Total Lodging Expense:

Total Food/Meal Expense:

\$ 0.00

Grand Total Claim Amount:

\$ 0.00

Signatures and Authorizations

I certify that the expenses listed above were actually incurred by me in connection with authorized volunteer work and that I have not been and will not be reimbursed for these expenses from any other source.

Volunteer Signature:

Sign here upon printing

Date Signed:

YYYY-MM-DD

Supervisor / Approver Name:

Supervisor Signature:

Sign here upon printing

Approval Date:

YYYY-MM-DD