

Volunteer Receipt Submission and Reimbursement Form

Please fill out this form to request reimbursement for approved volunteer-related expenses. Attach all original receipts to this page before printing and submitting.

1. Volunteer Information

Volunteer Full Name:

Email Address:

Phone Number:

Mailing Address (for check delivery):

2. Project & Supervisor Information

Program/Project Name:

Supervisor / Coordinator Name:

3. Expense details

List each receipt separately. For "Expense Category", please specify (e.g., Travel, Supplies, Food, Event Materials).

Receipt Date (MM/DD/YYYY)	Expense Category	Description / Purpose	Amount (USD)
<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:

4. Signatures & Authorization

By signing below, the volunteer certifies that the expenses listed above were incurred directly for organization-approved activities, and the coordinator confirms approval of the reimbursement.

Volunteer Signature: Date:

Approver Signature: Date: