

Volunteer Travel Expense Reimbursement Form

Please complete this form to claim reimbursement for authorized travel expenses incurred during your volunteer service. Attach all original receipts and submit this printed copy to your supervisor.

Volunteer Information

Volunteer Full Name:

Phone Number:

Email Address:

Mailing Address:

Program/Event Name:

Travel & Expense Details

Date of Travel	Purpose of Travel	Origin & Destination	Personal Vehicle Mileage (Miles)	Public Transit Cost (\$)	Parking & Tolls (\$)	Other Expenses (Specify) (\$)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Reimbursement Summary

Total Mileage (Miles):

Reimbursement Rate per Mile (\$):

Total Mileage Reimbursement (\$):

Total Public Transit / Tolls / Other (\$):

Total Amount Requested (\$):

Acknowledgement & Signatures

I certify that the expenses detailed above were incurred by me solely for volunteer activities on behalf of the organization, and that I have not been reimbursed for these expenses from any other source.

Volunteer Signature: _____ Date:

Supervisor Approved By: Date:

Supervisor Signature: _____