

Monthly Volunteer Expense Tracking and Claim Sheet

Please complete this form monthly to claim reimbursement for approved volunteer-related expenses. Attach all original receipts.

Volunteer Information

Volunteer Name:

Email Address:

Phone Number:

Claim Period (Month/Year):

Program / Project Name:

Volunteer Coordinator:

Date	Description / Purpose of Expense	Expense Category (e.g., Travel, Meals, Supplies)	Mileage (if personal vehicle used)	Total Amount (\$)	Receipt Attached? (Yes/No)

Claim Summary

Total Mileage Claimed:

Total Mileage Reimbursement Amount:

Total Other Expenses Amount:

Total Reimbursement Claimed:

Authorization and Signatures

I certify that the expenses detailed above were actually and necessarily incurred in the performance of my volunteer duties for the organization, and that receipts have been provided where required.

Volunteer Signature: Date:

Supervisor/Coordinator Approval Signature: Date: