Volunteer Expense Reimbursement Form

Volunteer's Name:			Positi	Position/Role	
Church/School N	ame:				
Purchases					
NOTE: Please		al receipt(s).			
Item Purchased			Cost	Reason for Purchase	
1.			\$		
2.			\$		
3. 4.			\$		
4.		TC	\$ DTAL: \$	-	
			Ψ		
Date Driven	# Miles D	Oriven Cost (n	miles x reimbursement	rate) Purpose	
	_	\$			
	+	\$			
		\$			
TOTALS \$					
•	n may be clai	imed when trave ement rates (As	of July 2011, Full Pe	ne for volunteer purposes. Per diems are per Diem = \$41.00; One meal = \$20.50).	
_	Ι ,	,	imoursed at actuar c		
NOTE: instead	# of meals	Total per dien		Time and Place of meal	
NOTE: instead		Total per dien		Time and Place of meal	
NOTE: instead		Total per dien		Time and Place of meal	
_		Total per dien \$ \$ \$		Time and Place of meal	
NOTE: instead Date of travel		Total per dien \$ \$ \$ \$		Time and Place of meal	
NOTE: instead Date of travel TOTALS	# of meals	Total per dien \$ \$ \$ \$ \$	n Purpose	Time and Place of meal	

(Date)