



# Volunteer Reimbursement Form

Please complete the form, attach original itemized receipts and mail to the agency  
no more than three months after the expense was incurred.

Month Of: \_\_\_\_\_

Volunteer: \_\_\_\_\_

Date	Description of Expense	Expense	Original Itemized Receipt attached

**Total** \_\_\_\_\_

Signature for Authorization

Date

Volunteer Services Supervisor

\_\_\_\_\_

\_\_\_\_\_