

## VOLUNTEER/STAFF EXPENSE REIMBURSEMENT FORM

This PDF is fillable and configured to calculate your total automatically. Please type entries into the form and then print, sign and mail/fax it to the National Headquarters. This form may not be accepted by e-mail.

Submit a separate form for each event/trip within 60 days of incurring the expenses.

Attach all receipts to the back of this form in the order that expenses are listed.

NAME	OFFICE	
ADDRESS		
CITY	STATE	ZIP
E-MAIL	PHONE	
DATE(S) OF EXPENSE(S)		
DESTINATION		
PURPOSE OF TRIP		

\*PGs: Please note that reimbursements for official visit costs will not be sent until the Visit Report Form is received at the Headquarters.

### TRANSPORTATION

*\*By requesting mileage reimbursement, the volunteer/staff acknowledges that the Fraternity maintains no collision/comprehensive insurance for Fraternity use of volunteers'/staff's personal vehicles. Volunteers/staff use personal vehicles at their own risk with regard to physical damage; mileage reimbursement is intended to cover incremental expenses for personal insurance. See Policy on Reimbursement of Business Expenses for more information.*

Amount

Mileage:	_____ miles at \$0.30/mile	_____
Tolls:	_____	_____
Other:	_____	_____
Description		

**TOTAL TRANSPORTATION:** \_\_\_\_\_

### FOOD/BEVERAGE

Date	Place of Purchase	Description	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TOTAL FOOD/BEVERAGE:** \_\_\_\_\_

*OVER for additional categories and approval signatures*

