



VOLUNTEER EXPENSE FORM

Refer to the **ACS Volunteer and Staff Travel and Expense policy** to know what you may and may not request reimbursement for. Expense form submission must occur within **45 days** of the receipt date in order to comply with IRS regulations.
Email completed form to your staff partner and advocacy coordinator.

Volunteer's Name	_____	Date	_____
Volunteer's Email	_____		
Mailing Address	_____		
City State ZIP	_____		
		Society Key	_____
Event Name & Location	_____		
Date Trip Started	_____	Returned	_____
Purpose for Reimbursement	_____		

ALCOHOL BEVERAGE STATEMENT (MUST BE COMPLETED PRIOR TO REIMBURSEMENT)

- ☒ No portion of the above expenses was used for the purchase of alcoholic beverages.
☐ Some portion of the above expenses was used for the purchase of alcoholic beverages.
\$ _____ Amount towards purchase of alcoholic beverages.

Please type your name to provide
your electronic signature

(By typing my name, I certify that the expenses below were necessary and reasonable,
and incurred while on Society business.)

All Fields in yellow below will be automatically calculated for you. If you need to add lines below, ensure the formulas in yellow appropriately update.

Date (one day per column):	MM/DD/YY	MM/DD/YY	MM/DD/YY	TOTALS	Spend Category
Meals:	Breakfast				
	Lunch				
	Dinner				
MEALS TOTAL	\$ -	\$ -	\$ -	\$ -	Meals
Total Miles					
Mileage Reimb. @ \$14	\$ -	\$ -	\$ -		
Taxi, tolls, bus, rail etc.					
Tips in Transit					
Parking					
TRANSPORTATION TOTAL	\$ -	\$ -	\$ -	\$ -	Transportation
Lodging					
Checked luggage, wifi on air travel, etc.					
Other travel expenses (please describe here)					
Other travel expenses (please describe here)					
TRAVEL TOTAL	\$ -	\$ -	\$ -	\$ -	Travel Other
AMOUNT TO BE REIMBURSED				\$ -	