

**STATEMENT OF VOLUNTEER EXPENSES (Please print):**

1. Itemize all reimbursable expenses; **include receipts for starred\*\* items.**
2. Please submit this form whether or not you wish to be reimbursed; check the appropriate one of the three lines below.
3. Please complete the report as soon as possible. For bookkeeping purposes, expense record must be received by Reed College **within 30 days** following the date of the event. We will send payment within 3 weeks.

Name \_\_\_\_\_ Class \_\_\_\_\_ Today's Date \_\_\_\_\_  
Address \_\_\_\_\_

For which office do you volunteer?

Admission

Career Services

Alumni Relations,  
College Relations

**Expenses:**

Event \_\_\_\_\_

Date of Event \_\_\_\_\_

|   |                 |
|---|-----------------|
| ** Airfare                                | \$ _____        |
| **Bus/rail                                | \$ _____        |
| Car _____ Miles @ \$.40/mile              | \$ _____        |
| **Tolls/parking                           | \$ _____        |
| **Taxi/airport limousine                  | \$ _____        |
| **Car rental, including gasoline          | \$ _____        |
| <b>TOTAL TRAVEL</b>                       | <b>\$ _____</b> |
| **Lodging _____ night(s) @ \$ _____/night | \$ _____        |
| <b>TOTAL LODGING</b>                      | <b>\$ _____</b> |

**\*\*Other Expenses**

|                              |                 |
|------------------------------|-----------------|
| meals                        | \$ _____        |
| telephone                    | \$ _____        |
| postage                      | \$ _____        |
| other (please specify) _____ | \$ _____        |
| <b>TOTAL OTHER EXPENSES</b>  | <b>\$ _____</b> |
| <b>TOTAL EXPENSES</b>        | <b>\$ _____</b> |

Signed \_\_\_\_\_

\_\_\_\_\_ Credit the Annual Fund with the entire amount as a donation in my name and send me a receipt for income tax purposes.

\_\_\_\_\_ Credit the Annual Fund for \$ \_\_\_\_\_ as a donation in my name, send me a receipt for that amount, and send me \$ \_\_\_\_\_ in partial reimbursement.

\_\_\_\_\_ Reimburse me for the entire amount.

**FOR BUSINESS OFFICE USE ONLY:**

Approved \_\_\_\_\_

Date Paid \_\_\_\_\_

Check No. \_\_\_\_\_