



Volunteer Expense Reimbursement Form

Local Program # & Name: _____

Volunteer Name: _____

Address: _____

City, State, Zip: _____

Date	Purpose	Items to be Reimbursed	Amount	Account #	Total

Date	Trip/Purpose	Miles	\$0.14/mile	Airfare	Room	Meals	Car/Cab Rental	Account #	Total

Volunteer Signature

RECEIPTS MUST BE ATTACHED

Grand Total \$ -

Local Program Manager Approval

Submission:

Send signed invoice approval form & corresponding paperwork to the below email address:

accountspayable@specialolympicswisconsin.org

If mailing paperwork, please keep a copy for your records.