



Volunteer Expense Reimbursement Form

Lake Region Conference of Seventh-day Adventists

Volunteer's Name: _____ Position/Role: _____

Church/School Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Contact Number: _____

Purchases

NOTE: Please attach original receipt(s).

Item Purchased	Cost	Reason for Purchase
1.	\$	
2.	\$	
3.	\$	
4.	\$	
TOTAL:	\$	

Mileage

Miles driven will be reimbursed at the IRS Charitable Reimbursement rate (As of July, 2011, the amount is \$0.14/mile. <http://www.irs.gov>). Please use the Volunteer Mileage Log if more entries are needed.

Date Driven	# Miles Driven	Cost (miles x reimbursement rate)	Purpose
		\$	
		\$	
		\$	
		\$	
		\$	
TOTALS		\$	

Per Diem (Meal Allowance)

A meal per diem may be claimed when traveling away from home for volunteer purposes. Per diems are paid according to LRC reimbursement rates (\$46.00 per day; \$14.00 per day when fully entertained)

NOTE: Instead of per diem, meals may be reimbursed at actual cost with original receipts.

Date of Travel	# of meals	Total per diem	Purpose	Time and place of meal

I certify that the expenses listed above are expenses I incurred while serving as a volunteer.

Print Volunteer Name

Volunteer Signature

TOTAL: \$ _____

Date