



Volunteer Time / Expense Report

Name: _____ Expense Report For: _____ To: _____

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

Information on Services Performed			Reimbursable Expenses			Volunteer Time
Date	Type of Activity (client work, training, etc.)	Location	Miles	Other Phone/Postage/Meals	Total	Hours
Current mileage reimbursement rate is \$0.545 per mile.			Total Reimbursable Expenses:			Total Time:

Please submit this report by the last Monday of each month to:

I declare under penalty of law that this claim is just and correct and that no part of it has been paid or otherwise reimbursed according to IRS regulations.

Sarah Reiman, MNRAAA
201 N. Broad St., Suite 102
Mankato, MN 56001

Signed: _____ Date: _____

Staff Signature: _____ Date: _____