

AMTA Volunteer Expense Reimbursement Form - Original Receipts Required

Unit/Committee/Conference/Convention _____ **Business Purpose of Expense/Trip:** _____

Name: _____ **Date:** _____ **Email:** _____

Address _____ **City** _____ **State/Zip** _____

Date	Chart of Account #	Travel				Food/Meals Max \$45. per Day			Miscellaneous			Total
		Airfare	Rental Car	Cabs/Tolls/ Parking	Hotel	Total Meals	Total Food	Total to be reimbursed	Communication	Office Supplies	Other expenses (Provide detail below)	
		\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -		\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
												\$ -
TOTAL T&E Expense												\$ -

Entertainment				Purpose	Attended By: (Entertainment Exp Only)
Date	Chart of Account	Location/Event	Amount		
Total Entertainment			\$ -		

Mileage						Other Expenses detail		T&E Exp:	\$ -		
Date:	Chart of Account	From:	To:	# of miles	Total	Purpose	Total	Mileage & Other Exp: \$ - Total Expense: \$ - Cash Advance Due to Volunteer: \$ -			
					\$ -						
					\$ -						
					\$ -						
					\$ -						
		Total Mileage Reimb.			\$ -	Total Other Expenses	\$ -				

Volunteer Signature: _____ Date: _____ Approval Signature: _____ Date: _____