

VOLUNTEER MILEAGE REIMBURSEMENT FORM

Charitable Contribution Expense Report

ORGANIZATION INFORMATION

Organization Name

Department / Program

VOLUNTEER PROFILE

Volunteer Name

Phone Number

Address

Email Address

VEHICLE INFORMATION

Vehicle Make & Model

License Plate Number

TRAVEL LOG

Date	Purpose of Travel & Destination	Odometer Start	Odometer End	Total Miles

Total Miles

Rate Per Mile	
Total Reimbursement	

Volunteer Certification: I certify that the mileage reported above was incurred in my personal vehicle while performing authorized volunteer services for the organization, and that no portion of this expense has been or will be reimbursed from any other source.

Volunteer Signature

Date

Authorized Approver Signature

Date