

CHARITABLE TRAVEL EXPENSE CLAIM FORM

Volunteer Mileage Reimbursement / Log

Volunteer Information

Volunteer Name

Address

Email Address

Organization / Program Name

Phone Number

Vehicle Make, Model & Year

Mileage Log

Date	From / To (Destination)	Purpose of Trip	Odometer Start	Odometer End	Total Miles	Rate

Total Miles Claimed:

Reimbursement Rate per Mile:

Total Claim Amount (\$):

Authorization & Acknowledgement

I hereby certify that the mileage reported above represents actual miles driven for official, authorized volunteer services on behalf of the organization, and that no prior reimbursement has been received for these expenses.

Volunteer Signature

Print Name

Date

Authorized Approver Signature

Print Name / Title

Date