Girl Scouts of Minnesota and Wisconsin River Valleys
400 Robert Street South
St. Paul, Minnesota 55107
651-227-8835 or 800-845-0787 Voice/TTY
651-227-7533 Fax
www.girlscoutsrv.org

Volunteer Expense Reimbursement Form

Volunteer Name:_____

Address: _____

Street City State Zip

Day Phone: _____ Evening Phone: _____

Program/Training Event: _____ Program/Training Event Date: _____

Note: In order to be reimbursed, you must receive prior authorization from an approved staff person for all expenses. **(Please attach receipts).**

	Date	Expense Description (Original Receipts must be attached)	Account Code	Amount
Food			**8140-____ ____ ____**	
Program Supplies			**8130-____ ____ ____**	
Training Supplies			**8150-____ ____ ____**	
Mileage ($0.14 x # miles)			**8710-____ ____ ____**	
			Total to be Reimbursed	**$**

I certify that expenses as stated on this report are true and correct in accordance with council policy.

Volunteer Signature: _____ Date:_____

Staff Approval:_____ Date:_____