

Mount Holyoke Fund

Volunteer Expense Reimbursement Form

Please return this form to:

Theresa O'Banner
 Mount Holyoke College
 Office of Advancement
 50 College Street
 South Hadley, MA 01075-1485

NOTE: Due to the cost of processing reimbursements, there is a minimum reimbursement of \$25. Please collect your reimbursable expenses until they total at least \$25 and then submit them at one time.

INSTRUCTIONS:

1. Itemize all reimbursable expenses and include all ORIGINAL (NO PHOTO COPIES WILL BE ACCEPTED) receipts, invoices, and phone bills.
2. Indicate a full reimbursement or a partial reimbursement. Please note that reimbursements cannot be credited as gifts to the College.
3. So that reimbursements may be completed during the current fiscal year, they must be received no later than June 1.

Name _____ Date(s) _____

Address _____ Destination _____

Purpose _____

TRANSPORTATION:

Please note the total transportation amount will not be reimbursed for more than \$250 (\$400 for alumnae in the classes of 2009-2018). Example: Airfare + Taxi = \$300 only \$250 will be allowed for reimbursement. In addition, we cannot reimburse for frequent flyer miles.

Car _____ miles @.545 cents. . . \$ _____
 Toll _____
 Parking _____
 Train _____
 Bus _____
 Plane _____
 Airport Limousine _____
 Taxi _____

Total Transportation \$ _____

Postage \$ _____

Other \$ _____

TOTAL EXPENSES \$ _____

Please:

Reimburse me for the entire amount (\$250 or \$400 for classes of 2009-2018).

Reimburse me for a portion of my expenses. \$ _____

Signed _____ Class _____