The Mount Holyoke Fund
Volunteer Expense Reimbursement Form

Please return this form to:
Theresa O'Banner
Mount Holyoke College
Office of Development
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 receipts, invoices, and phone bills (NO PHOTO COPIES WILL BE ACCEPTED).
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: __________________________________________________________________________
City: ______________________________________________   State: ________   Zip: ______________
Destination __________________________________________________________________________
Purpose ____________________________________________________________________________

TRANSPORTATION:
The maximum transportation reimbursement is $250 ($400 for alums in the classes of 2013-2022). Example: Airfare + Taxi = $300 only $250 will be allowed for reimbursement. We cannot reimburse for frequent flyer miles.

Car ________ miles @ $0.625 . . . . . . .   $ ____________________
Toll . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .      ____________________
Parking . . . . . . . . . . . . . . . . . . . . . . . . . . . .     ____________________
Train . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .    ____________________
Bus . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .      ____________________
Plane . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .       ____________________
Rental Car/Taxi/Uber/Lyft . . . . . . . . . . . .      ____________________

TOTAL TRAVEL EXPENSES . . . . .$ ____________________

Postage . . . . . . . . . . . . . . . . . . . . . . . . . . . .     ____________________
Other . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .    ____________________

TOTAL EXPENSES . . . . . $ ____________________

Please:
☐ Reimburse me for the entire amount ($250 or $400 for classes of 2013-2022).
☐ Reimburse me for a portion of my expenses. $ ___________

Signed_______________________________      Class _____

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