

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 _____