

# 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.**

**Reimbursements cannot be credited as gifts to the College.**

**INSTRUCTIONS:**

1. Itemize all reimbursable expenses and include all receipts, invoices, and phone bills
2. So that reimbursements may be completed during the current fiscal year, they must be received no later than June 1.

Name: \_\_\_\_\_ Class: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Destination \_\_\_\_\_

Purpose \_\_\_\_\_

**TRANSPORTATION:** *The Mount Holyoke Fund will reimburse recent alum volunteers (2009-2023) for travel expenses up to a maximum of \$500. Example: Airfare + Taxi = \$550 only \$500 will be allowed for reimbursement.*

*The Mount Holyoke Fund typically will NOT reimburse volunteers beyond the 15th Reunion for travel expenses. In cases of financial hardship, alums may directly and confidentially request reimbursement up to \$250.*

*We cannot reimburse for frequent flyer miles.*

Car _____ miles @ \$0.655 . . . . .	\$ _____
Toll . . . . .	_____
Parking . . . . .	_____
Train . . . . .	_____
Bus . . . . .	_____
Plane . . . . .	_____
Rental Car/Taxi/Uber/Lyft. . . . .	_____

TOTAL TRAVEL EXPENSES . . . . . \$ \_\_\_\_\_

**POSTAGE:** *Out-of-pocket postage expenses are reimbursable with original receipt(s).*

TOTAL POSTAGE EXPENSES . . . . . \$ \_\_\_\_\_

OTHER EXPENSES . . . . . \$ \_\_\_\_\_

**TOTAL EXPENSES.** . . . . . \$ \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_