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, or bills
2. Reimbursements must be received no later than June 1 so that they can be completed during the current fiscal year,

Name:_____ Class:_____

Address: _____

City: _____ State: _____ Zip: _____

Destination _____

Purpose _____

TRANSPORTATION: *All reimbursement will be by request due to financial hardship only. There will be maximum levels set for both travel and hotel reimbursements. In cases of financial hardship, reimbursement may be directly and confidentially requested by contacting Audrey Markarian '07, Associate Director of the Mount Holyoke Fund, at aemarkar@mtholyoke.edu.*

Airplane……..…$_____

Train……..……$_____

Bus……..……$_____

Plane……..$_____

Mile reimbursement: _____miles X $0.70/mile……..$_____

Hotel: $_____/night X _____ nights…...…$_____

TOTAL TRAVEL EXPENSES ……..... $_____

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

Total Postage Expenses……..……$_____

Other expenses……..……$_____

TOTAL EXPENSES…….. $_____

Signed_____ Date _____