

Volunteer Expense Report



Volunteer Name:
 Mailing Address:
 City, State Zip:

Reimbursement payable to:

Event or Project:

Beginning Date:

DATE ►										Total
Mileage @ \$0.50 per mile	Miles									
	Amount									
T R A V E L	Parking and Tolls									
	Auto Rental & Gas									
	Taxi/Limo									
	Other (Rail or Bus)									
	Airfare									
Transportation Total										
R O O M & M E A L S	Hotel & Lodging									
	Breakfast									
	Lunch									
	Dinner									
Room & Meals Total										
M I S C	Phone, Fax									
	Tips									
	Supplies, Incidentals, Other									
Misc Total										

Check here to have your reimbursement credited as a tax-deductible contribution to the American Meat Science Association Educational Foundation

Volunteer signature Date

Approval signature Date

Total Volunteer paid
 Less travel advances

Due volunteer
 Due AMSA

Your signature indicates that you are not receiving compensation for these expenses from any source other than the American Meat Science Association. Please attach all receipts to a separate piece of paper and staple to this form. All requests for reimbursement should be submitted to AMSA within 30 days of the date expenses were incurred. Receipts for all expenses over \$10 are required.