

Volunteer Reimbursement Form

Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Street City State Zip Code

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

***Mileage Reimbursement Form:***

* *Federal Mileage Rate (2018) – .545 per mile*
* *Please use page 2 for additional reimbursement requests if not enough lines are provided below.*
* *If this is a mileage reimbursement only (no receipts), you can email this form to your Regional SHIINE Office.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Purpose of Trip** | **Destination** | **# of Miles** | **$ Amount** |
| ***Example: 10/20*** | ***Open Enrollment*** | ***“Anytown” Senior Center*** | ***20 x .545*** | ***$ 10.90*** |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |

**(Include amount from page 2) Subtotal $\_\_\_\_\_\_­­­­­­­­­\_\_\_\_\_\_\_\_**

***Expense Reimbursement Form:***

* *Receipts are required for ALL items in order to be reimbursed.*
* *Please make purchase SEPARATE from personal items.*
* *Prior approval is required for expense reimbursements over* ***$50.00.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Description of Item** | **Purpose** | **Total Cost** |
| ***Example:***  ***10/20*** | ***Ink Cartridge*** | ***Printing Supplies*** | ***$31.80*** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**(Include amount from page 2) Subtotal $\_\_\_**\_\_\_\_\_\_**\_\_\_**

**Volunteer Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Grand Total $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Send to your Regional SHIINE Office:**

**Western South Dakota**

2200 N Maple Suite 104 Rushmore Mall

Rapid City, SD 57701

1-877-286-9072

westernoffice@shiine.net

**Central South Dakota**

2520 E Franklin Street Suite 201

Pierre, SD 57501

1-877-331-4834

centraloffice@shiine.net

**Eastern South Dakota**

3801 S Western Ave Suite 105

Sioux Falls, SD 57105

1-800-536-8197

easternoffice@shiine.net

***Additional Space - Mileage Reimbursement Form:***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date** | **Purpose of Trip** | **Destination** | **# of Miles** | **$ Amount** |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |

**Page 2 Subtotal $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Additional Space - Expense Reimbursement Form*:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Date** | **Description of Item** | **Purpose** | **Total Cost** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**Page 2** **Subtotal $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**