VOLUNTEER REIMBURSEMENT FORM

Name _____ **Date** _____

Address _____
Street **City** **State** **Zip Code**

Phone _____ **Email** _____

Mileage (paid at current federal rate; for 2010 – 50 cents per mile)

Date	Purpose of Trip	Destination	# of Miles	Mileage Rate	Mileage Reimbursement (# of miles x mileage rate)
					$
					$
					$
					$
					$

Subtotal **$**_____

Meals

Date	Purpose	Meal (e.g. lunch)	Per Diem Rate/ Actual Expense*	Total Cost

Subtotal **$**_____

Other (must provide receipts for all items to be reimbursed)

Date	Item Description	Purpose	Total Cost

Subtotal **$**_____

Volunteer Signature _____

Grand Total **$** _____

Send to:

Eastern South Dakota
Tom Hoy
Centers for Active Generations
2300 W 46th Street
Sioux Falls, SD 57105
SHIINE@cfag.org

Central South Dakota
Kathleen Nagle
Central SD SHIINE
800 E Dakota
Pierre, SD 57501
SHIINE@centralsd.org

Western South Dakota
Debbie Stangle
Western SD SHIINE
3022 W St. Louis Street
Rapid City, SD 57702
SHIINE@westriversd.org