



# VOLUNTEER REIMBURSEMENT FORM

Name Jane Doe Date September 7, 2010

Address 1234 Main Street Anywhere SD 57000  
Street City State Zip Code

Phone 605-123-4567 Email jdoes@webmail.com

**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)
9/8/2010	Training	Rapid City	100	.50	\$50.00
10/15/2010	Presentation	Huron	200	.50	\$100.00
10/31/2010	Visit client in home	Beresford	10	.50	\$5.00
11/25/2010	Enrollment Event	Brookings	50	.50	\$25.00
					\$

**Subtotal** \$ 180.00

**Meals**

Date	Purpose	Meal (e.g. lunch)	Per Diem Rate/ Actual Expense*	Total Cost
9/8/2010	Training	Supper	12.00	\$12.00
9/9/2010	Training	Breakfast	5.00	\$5.00
11/25/2010	Enrollment Event	Lunch	9.00	\$9.00
				\$
				\$

**Subtotal** \$ 26.00

**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 46<sup>th</sup> Street  
 Sioux Falls, SD 57105  
 SHIINE@cfag.org

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 Kathleen Nagle  
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 800 E Dakota  
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 Debbie Stangle  
 Western SD SHIINE  
 3022 W St. Louis Street  
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