UNIVERSITY OF WISCONSIN-EXTENSION
4-H YOUTH DEVELOPMENT PROGRAMS
VOLUNTEER EXPENSE FORM

(Please print or type information)

Name: ___________________________ Social Security #: _____________
(last) (first) (middle initial)

Home Address: Street: ___________________________
City, State, Zip: ________________________________

Program/Responsibility: __________________________ Program Date(s): __________

Travel From: __________________________ To: __________________________
Roundtrip mileage __________ x 25¢/mile $___________

If sharing transportation, please indicate the names of other passengers. (A higher reimbursement rate is available when a driver has two or more passengers also participating in the program.) _______________________

Other transportation, specify __________________________ $ __________

Meals Date “B”, “L” or “D” $ __________

_____________ ________________ $ __________
_____________ ________________ $ __________
_____________ ________________ $ __________
_____________ ________________ $ __________
_____________ ________________ $ __________

Lodging Date Location $ __________

_____________ ________________ $ __________

Miscellaneous Travel/Program Expense

Date Item $ __________

_____________ ________________ $ __________
_____________ ________________ $ __________

Total Expenses $ __________

Signature: ___________________________________ Date Submitted: _________________

* Meals claimed must be actual costs. No meals will be reimbursed if provided by the program. The limit for reimbursement is set by the State Rate: Breakfast $8, Lunch $9, Dinner $17. Receipts are required for meals of $6 or more. Receipts are also required on all lodging and miscellaneous expenses. Please attach required receipts to this form. Mail to:
Lori Murphy
4-H Youth Development
436 Lowell Hall
610 Langdon Street
Madison WI 53703

Office Use Only

Approved for payment: __________________________ Date ___________________