

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

(Please print or type information)

Name: _____ Social Security #: _____

Street, Route, Box _____

City, State, _____

Program/Responsibility: _____ Program Date(s): _____

Travel From: _____ To: _____

Roundtrip mileage _____ x 20¢/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 _____ \$ _____

<u>Meals</u>	<u>Date</u>	<u>"B", "L" or "D"</u>	
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____
	_____	_____	\$ _____

<u>Lodging</u>	<u>Date</u>	<u>Location</u>	
	_____	_____	\$ _____
	_____	_____	\$ _____

Miscellaneous Travel/Program Expense

<u>Date</u>	<u>Item</u>	
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
	Total Expenses	\$ _____

Signature: _____ Date Submitted: _____

* *Receipts are required on meals of \$6.00 or more. Receipts are also required on all lodging and miscellaneous expenses. Please attach required receipts to this form.*

Mail to:
Barb Chase
4-H Youth Development
431 Lowell Hall
610 Langdon Street
Madison, WI 53703

Office Use Only

Approved for payment: _____ Date _____