Mount Holyoke Fund
Volunteer Expense Reimbursement Form

NOTE: Due to the cost of processing reimbursements, there is a minimum reimbursement of $25. Please collect your reimbursable expenses until they total at least $25 and then submit them at one time.

INSTRUCTIONS:
1. Itemize all reimbursable expenses and include all ORIGINAL (NO PHOTO COPIES WILL BE ACCEPTED) receipts, invoices, and phone bills.
2. Indicate a full reimbursement or a partial reimbursement. Please note that reimbursements cannot be credited as gifts to the College.
3. So that reimbursements may be completed during the current fiscal year, they must be received no later than June 1.

Name _________________________________ Date(s) ______________________________________
Address _______________________________ Destination ___________________________________
Purpose _____________________________________________________________________________

TRANSPORTATION:
Please note the total transportation amount will not be reimbursed for more than $250 ($400 for alumnae in the classes of 2009-2018). Example: Airfare + Taxi = $300 only $250 will be allowed for reimbursement. In addition, we cannot reimburse for frequent flyer miles.

Car ________ miles @.545 cents. . .  $ ____________________
Toll . . . . . . . . . . . . . . . . . . . . . . . . . ____________________
Parking . . . . . . . . . . . . . . . . . . . . . . . . . ____________________
Train. . . . . . . . . . . . . . . . . . . . . . . . . . ____________________
Bus . . . . . . . . . . . . . . . . . . . . . . . . . ____________________
Plane . . . . . . . . . . . . . . . . . . . . . . . . . ____________________
Airport Limousine . . . . . . . . . . . . .  ____________________
Taxi . . . . . . . . . . . . . . . . . . . . . . . . . ______________________

Total Transportation $ ___________________

Postage . . . . . . . . . . . . . . . . . . . . . . . . . $ ___________________
Other . . . . . . . . . . . . . . . . . . . . . . . . . $ ___________________

TOTAL EXPENSES . . . . . . $ ____________

Please:
☐ Reimburse me for the entire amount ($250 or $400 for classes of 2009-2018).
☐ Reimburse me for a portion of my expenses. $ ____________

Signed_____________________________________________________ Class ______

Please return this form to:
Theresa O’Banner
Mount Holyoke College
Office of Advancement
50 College Street
South Hadley, MA 01075-1485