The 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 receipts, invoices, and phone bills (NO PHOTO COPIES WILL BE ACCEPTED).
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: ________________________________________________________________

City: ___________________________        ____________ _____________  State: __________   Zip: ________

Destination _________________________________________________________________________

Purpose ___________________________________________________________________________

TRANSPORTATION:
The maximum transportation reimbursement is $250 ($400 for alumnae in the classes of 2011-2020). Example: Airfare + Taxi = $300 only $250 will be allowed for reimbursement. We cannot reimburse for frequent flyer miles.

Car ________ miles @ 57.5 cents . . . . . .  $ ____________________

Toll . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .      ____________________

Parking . . . . . . . . . . . . . . . . . . . . . . . . . . . . .     ____________________

Train . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .    ____________________

Bus . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .     ____________________

Plane . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .     ____________________

Rental Car/Taxi/Uber/Lyft . . . . . . . . . . . .     ____________________

TOTAL TRAVEL EXPENSES . . . . . . $ ____________________

Postage . . . . . . . . . . . . . . . . . . . . . . . . . . . . .     ____________________

Other . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .    ____________________

TOTAL EXPENSES . . . . . . $ ____________________

Please:
☐ Reimburse me for the entire amount ($250 or $400 for classes of 2011-2020).
☐ 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