

## Volunteer Reimbursement Report: Mileage and Expenses

Month: 2025

Date	Include Organizations or Names of persons (other than yourself) receiving benefit of charge <i>Please be sure to include this information:</i> Description of Event Location of Event Travel From/To (round trip?)	FUND/ GRANT Name for Allocation	Personal Vehicle Miles	Mileage Value \$.14	Meals (attach receipts)	Hotel/ Other Travel Exp	TOTAL TRAVEL	Non-Travel Items (attach receipts) STAFF Training, Food for Meetings, Copies, etc.	Extended Total Fiscal Dept ONLY	v traced
		SMP		0.00			0.00			
		SMP		0.00			0.00			
		SMP		0.00			0.00			
		SMP		0.00			0.00			
		SMP		0.00			0.00			
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		SMP		0.00			0.00			
		SMP		0.00			0.00			
		SMP		0.00			0.00			
		SMP		0.00			0.00			
		SMP		0.00			0.00			
		SMP		0.00			0.00			
You may use multiple lines to report one trip.				0.00			0.00			
		<b>TOTALS</b>	0.00	0.00	\$0.00	\$0.00	\$0.00	\$0.00		
<b>Total Claim</b>								<b>\$0.00</b>		

Due 20th of month: **please include receipts for any expenses**

Except for those personal costs listed and reimbursed, I confirm this Statement is accurate, conforms with applicable policies, and is an Allowable Cost according to the DHS Allowable Cost Policy Manual (Appendix F, *BADR Policies, Procedures, And Technical Assistance Manual*). Expenses are actual, reasonable, and were personally incurred in performance of my official duties. No portion of this claim was provided free of charge, covered by a registration fee, previously reimbursed from any other source, or will be paid from any other source in the future.

Print Name

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Approved \_\_\_\_\_ Date \_\_\_\_\_

Director Approved \_\_\_\_\_ Date \_\_\_\_\_

Please fill out, sign, then scan and send to: [susan.krolow@gwaar.org](mailto:susan.krolow@gwaar.org) **OR**  
 Mail to: Wisconsin SMP, ATTN: Susan Krolow; 1414 MacArthur Road, Suite A; Madison, WI 537