# Volunteer Reimbursement Report: Mileage and Expenses

## Month:_____ 2026

| Date | Include **Organizations** or **Names** of persons (other than yourself) receiving benefit of charge<br>***Please be sure to include this information:***<br>**- Description of Event**<br>**- Location of Event**<br>**- 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 | | | |
| | | 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 | | | |
| | | SMP | | 0.00 | | | 0.00 | | | |
| | **You may use multiple lines to report one trip.** | | | 0.00 | | | 0.00 | | | |
| | | **TOTALS** | 0.00 | 0.00 | $0.00 | $0.00 | $0.00 | $0.00 | | |
| Due 20th of month: please include receipts for any expenses | | | | | | **Total Claim** | | **$0.00** | | |

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 **OR**

Mail to: Wisconsin SMP, ATTN: Susan Krolow; 1414 MacArthur Road, Suite A; Madison, WI 537