



# VOLUNTEER EXPENSE REPORT

All expenses must be supported by receipts. ACS CAN will reimburse up to a maximum of **FILL IN** total for meals not provided while traveling for or during the event. \*Please note new restrictions: gratuities in excess of 20% (cab = 15%) will be denied. All expenses must be verified with an itemized receipt. (you can paste images of those in the worksheet titled receipts). Please request a missing receipt form from your ACS CAN staff partner if necessary. Expense Reports must be received within 30 days for us to comply with IRS regulations.

Volunteer Name: _____	Date: _____	<b>For Staff Use Only:</b>
Change of Address?                    [ ] Yes                    [X] No		<b>Society Key:</b>
Mail to: _____		<b>Event Year: 2023</b>
		<b>Restriction:</b>
Preferred daytime phone (with area code): _____		Please note any differences in Society key, event year and restrictions in transactions below in the exceptions column.
Meeting Name and Location: _____		
Date Trip Started: _____	Date Returned: _____	<input type="checkbox"/>
Purpose of Reimbursement: _____		I wish to donate the full or partial value of my expense to ACS CAN Donation amount to be deducted from reimbursement amount

EXPENSE TYPE	DATE:					TOTALS	SPEND CATEGORIES	EXCEPTIONS
Meals: Breakfast								
Lunch								
Dinner								
<b>MEALS TOTAL</b>		0.00	0.00	0.00	0.00	0.00	<b>MEALS</b>	
Total Miles								
Mileage Reimb. @ \$.14								
Plane, train, bus fare (incl luggage check)								
Taxi, tolls, parking, etc.*								
Tips in Transit								
Lodging								
Other Travel Expenses:								
<b>TRANSPORTATION TOTAL</b>		-	-	-	-	0.00	<b>TRANSPORTATION</b>	
<b>HONORARIUM FEE</b> (*separate W-9 required)						-	<b>HONORARIUM</b>	
Other Expenses (describe below)							<b>MISCELLANEOUS</b>	
Other Total		0.00	0.00	0.00	0.00	0.00		
<b>GRAND TOTAL</b>		-	-	-	-	-		
<i>Contribution (please note, this contribution is not tax-deductible)</i>								
<b>AMOUNT TO BE REIMBURSED</b>							\$	-

**SECTION II - ALCOHOL BEVERAGE STATEMENT (MUST BE COMPLETED PRIOR TO REIMBURSEMENT)**

No portion of the above expenses was used for the purchase of alcoholic beverages.

\$ \_\_\_\_\_ of the above expenses were used for the purchase of alcoholic beverages. Those expenses have been deducted from the reimbursement requested.

\$ \_\_\_\_\_ of the above expenses were used for the purchase of alcoholic beverages, for which, subject of approval, I request reimbursement for the following reasons: \_\_\_\_\_

**Reimbursement Approved by:** \_\_\_\_\_

**Signature** \_\_\_\_\_  
(I certify that these expenses were necessary and reasonable, and incurred while on ACS CAN business.)

\* W-9 form is required for Honorarium payments. It must be submitted separately via email to accounts payable.

**For Internal Use**

Dept. to be charged	
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