

**FY2021 MILEAGE REIMBURSEMENT FORM**

***Please attach original receipts (required for reimbursement) — Only pre-approved travel/purchases are guaranteed reimbursement at pre-approved amounts.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** |  | **Travel Date Range** | From: To: |
| **Address** |  | **Phone** |  |
| **City/State/Zip** |  | **Email** |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **EXPENSE TYPE:** | **DESCRIPTION OF EXPENSE / PURPOSE:**  (if mileage reimbursement, include event) | **TRAVEL DATE(S)** | **POINTs OF ORIGIN & DESTINATION**  (mileage reimbursement only) | **TOTAL MILES** | **MILEAGE RATE** | **TOTAL REQUESTED** |
| \_ mileage #5510  \_ other expense |  |  |  |  | \_ $ 14/mile *(volunteers only)\**  \_ $.57.5/mile *(staff only)* |  |
| \_ mileage #5510  \_ other expense |  |  |  |  | \_ $ 14/mile *(volunteers only)\**  \_ $.57.5/mile *(staff only)* |  |
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| **TOTAL REIMBURSEMENT** | |  |
| ***\**** *$.14 is the federal maximum allowed by IRS code for volunteer mileage reimbursement.* | | |

I certify that the statement and expenses claimed are reasonable and accurate & that these expenses were incurred in the performance of NAMI-VT duties.

**Requester’s Signature Date**

**APPROVAL:**

**Executive Director Date**