Volunteer Expense Reimbursement Form

Vendor #_____

American Heart Association | American Stroke Association
life is why

Volunteer Information

Name: _____

Address: _____

City, State, Zip: _____

Please do not process my travel expenses and consider them a donation to AHA/ASA/NECC

Activity Information

Program Name: _____

Location: _____

Program Date(s): _____

Staff Liasion: _____

Volunteer Signature: _____ *Actual signature is required.*

Volunteer Printed Name: _____

By signing the above you acknowledge you have received a copy of Travel Policy and are of aware that expenses that are not allowable or substantiated which will not be reimbursed.

Please check off the the Volunteer Type:

☐ Scholarship Recipient ☐ Speaker/Faculty ☐ Other: _____

Date	Description of Business Purpose	Transportation					Personal Auto Mileage - $0.14 (reimbursement rate) Please provide a written in the start & end columns.			Hotel/Lodging	Meals cannot exceed maximum			Gratuities	
		Airfare	Car Rental	Cab/Taxi	Tolls	Parking	Start/origin	End/destination	Total # Miles	Cost	Max $15 Breakfast	Max $20 Lunch	Max $35 Dinner	Expenses	
Sub-totals (for each category)															$
For internal use only		7405	7410		7415			7410		7425		7430		7490	**Final Total**

222300.xxxx.71541W 59769R

STEP 1

Please email **or** fax the form with a copy of the receipts **within 2 weeks** to Nia Flick
Email: nia.flick@heart.org or
Fax: 518-935-9496
DEADLINE: November 9, 2018

STEP 2

And submit **ALL ORIGINAL AND DETAILED RECEIPTS (paper copies)**
with a copy of the expense form within 30 days to:
American Heart Association
c/o Nia Flick
4 Atrium Drive - Suite 100, Albany, NY 12205
DEADLINE: November 25, 2018

A donation in lieu of reimbursement for AHA business-related expenses is greatly appreciated, and may constitute a deductible charitable contribution. Please attach appropriate receipts for reimbursable items, even if you plan a donation. The AHA will send you a receipt for the amount of your donation. Donation of services is not considered by the IRS to be a deductible charitable contribution. Please consult your tax advisor about special rules regarding deductibility of charitable contributions.

Minus - Donations to the AHA (2041)

Balance due to (from) volunteer

For AHA use only ➔

Date: _____