Volunteer Expense Reimbursement Form

Volunteer Information

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Email: _____

Volunteer Printed Signature: _____

Volunteer Signature: _____ *Actual signature is required.*

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

Activity Information

Vendor Number: _____

Program Name: 14th Annual NECC Summit

Location: Boston Copley Marriott

Program Date(s): October 24 - October 25, 2019

AHA Staff Liasion(s): Abigail Egan & Kayleigh Newell

☐ **Please do not process my expenses, consider them a donation to the AHA/ASA.**

Notes:

Please check off the the Volunteer Type:

☐ Speaker/Faculty ☐ Panelist/Moderator ☐ Scholarship Recipient ☐ Other: _____

Category explanations/notes		Enter cost of **airfare**, attach itinerary and airline passenger receipt. Including ticket #. ***Do not include airfare paid by AHA.***		Includes taxi fare, shuttle, parking, toll fees, etc. Attach receipts.			$0.14 per mile (reimbursement rate) Please provide a written in the start & end columns.			Attach hotel invoice, separate room charges from meals, phone, & other charges	**Alcohol is not a covered expense.** Attach receipts & refer to supplied travel policy when completing this section.			Submit names, titles, & business purpose of meal. Only use this category when multiple meals are on the same receipt.	**Accepted**: Valet, Bellmen, House keeping staff
(Internal use) Category Codes		7405	7410	7415			7410			7425	7430			7490	7490
Date	**Description of Business Purpose**	**Transportation**					**Auto Mileage**			**Hotel Lodging**	**Meals cannot exceed maximum** (doesn't include tip) Max **$15** Max **$20** Max **$35**			**Group Meals**	**Additional Gratuities**
		Airfare	Car Rental	Cab/Taxi	Tolls	Parking	Start/origin	End/destination	**Total # Miles**	Cost	Breakfast	Lunch	Dinner	Expenses	Expenses
Sub-totals (for each category)															

Final Total

Minus - Donations to the AHA (2041)

Balance due to (from) volunteer

Budget Code:

222300.xxxx.71541W.59769R (expires 6/30/19)

(For internal use only)

STEP 1

Please email **or** fax the form with a copy of the detailed receipts **within 2 weeks** to Nia Flick

Email: nia.flick@heart.org or

Fax: 518-935-9496

DEADLINE: 11/8/19

STEP 2

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: December 19, 2019

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.

AHA VP Signature & Date: _____

For AHA use only: *Zainab Magdon-Ismail, DrPH - VP, Quality Systems Improvement*