UNIVERSITY OF WISCONSIN-EXTENSION
4-H YOUTH DEVELOPMENT PROGRAMS
VOLUNTEER EXPENSE FORM

(Please print or type information)

Name: _____ Social Security #: _____
(last) (first) (middle initial)

Home Address: Street: _____

City, State, Zip: _____

Program/Responsibility: _____ Program Date(s): _____

Travel From:_____ To:_____

Roundtrip mileage _____ x 25¢/mile $_____

If sharing transportation, please indicate the names of other passengers. (A higher reimbursement rate is available when a driver has two or more passengers also participating in the program.) _____

Other transportation, specify _____ $ _____

Meals	Date	"B", "L" or "D"	
	_____	_____	$ _____
	_____	_____	$ _____
	_____	_____	$ _____
	_____	_____	$ _____
	_____	_____	$ _____
	_____	_____	$ _____

Lodging	Date	Location	
	_____	_____	$ _____
	_____	_____	$ _____

Miscellaneous Travel/Program Expense

Date	Item	
_____	_____	$ _____
_____	_____	$ _____
_____	_____	$ _____
	Total Expenses	$ _____

Signature: _____Date Submitted: _____

* *Meals claimed must be actual costs. No meals will be reimbursed if provided by the program. The limit for reimbursement is set by the State Rate: Breakfast $8, Lunch $9, Dinner $17. Receipts are required for meals of $6 or more. Receipts are also required on all lodging and miscellaneous expenses. Please attach required receipts to this form. Mail to:*

Marcia Jesperson
4-H Youth Development
431 Lowell Hall
610 Langdon Street
Madison WI 53703

Office Use Only

Approved for payment:_____ Date_____