

## Volunteer Telephone Reimbursement Form

### U.S. Army Reserve Family Readiness Program

*(For use of this form see USARC Reg 608-1; the proponent agency is the DCSPER Family Readiness Office)*

#### PRIVACY ACT ADVISORY STATEMENT

**AUTHORITY:** Title 10, U.S. Code Annotated, Section 3013. **PRINCIPAL PURPOSE:** For Family Readiness volunteers to submit a claim for reimbursement for program related expenses. **ROUTINE USES:** To transmit and provide background for receipts submitted to substantiate a claim for reimbursement. **EFFECT OF FAILURE TO PROVIDE REQUESTED INFORMATION:** Furnishing this information is voluntary, but failure to do so may prevent or detain the processing of the claim.

Name *(First, MI, Last)*: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ --

Daytime Phone Number : \_\_\_\_\_

Copy of Telephone Bill must be attached for reimbursement \*

Date	Person Contacted	Nature of Call	Phone Number	Cost

\* Use back of this form to justify calls over 10 minutes and to calculate reimbursement (include total bill and tax portion)

TOTAL REIMBURSEMENT REQUESTED: \_\_\_\_\_

*I verify that this request for expenses is expressly connected with my volunteer duties to the USAR Family Readiness Program. I understand that by requesting reimbursement, I cannot later request a tax benefit for the same expenditure. I also understand that reimbursement will only be made if sufficient Family Support-Nonappropriated Fund (FS-NAF) funds are available.*

\_\_\_\_\_  
*Volunteer's Signature and Date*

\_\_\_\_\_  
*Verifying Individual and Date*

Prepared by Family Program Office Approving Official

Check Number: \_\_\_\_\_

Date Issued: \_\_\_\_\_

Amount: \_\_\_\_\_

Approved by: \_\_\_\_\_  
*(Name, Title)*

