

## Volunteer Newsletter 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 receipts for printing, postage, etc., must be attached  
with a copy of the newsletter for reimbursement \*

| Paper      | Amount Purchased | Cost per Item | Total |
|------------|------------------|---------------|-------|
|            |                  |               |       |
| Printing   | Number of Pages  | Cost per Item | Total |
|            |                  |               |       |
| Postage    | Number Mailed    | Cost per Item | Total |
|            |                  |               |       |
| Issue Date |                  | Grand Total   |       |

\* Use back of this form to write justification for lack of official support.

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)*

