

Volunteer Transportation 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 : _____

Receipts for public transportation must be attached for reimbursement

Date: _____ Purpose of trip: _____

Destination: _____ Departure Time: _____ Return Time: _____

	COST	_____
<input type="checkbox"/> Public Transportation		_____
<input type="checkbox"/> Personal auto [Mileage: _____ x Rate: _____]		_____
<input type="checkbox"/> Tolls		_____
<input type="checkbox"/> Parking		_____
<input type="checkbox"/> Other (specify) _____		_____
	TOTAL	_____

Date: _____ Purpose of trip: _____

Destination: _____ Departure Time: _____ Return Time: _____

	COST	_____
<input type="checkbox"/> Public Transportation		_____
<input type="checkbox"/> Personal auto [Mileage: _____ x Rate: _____]		_____
<input type="checkbox"/> Tolls		_____
<input type="checkbox"/> Parking		_____
<input type="checkbox"/> Other (specify) _____		_____
	TOTAL	_____

Use back of form to continue listing expenses, if necessary

Total reimbursement requested from back of form: _____

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)

Volunteer Transportation Reimbursement Form
U.S. Army Reserve Family Readiness Program
(continuation)

Name (First, MI, Last): _____

Date: _____ Purpose of trip: _____

Destination: _____ Departure Time: _____ Return Time: _____

- COST
- Public Transportation _____
 - Personal auto [Mileage: _____ x Rate: _____] _____
 - Tolls _____
 - Parking _____
 - Other (specify) _____
- TOTAL _____

Date: _____ Purpose of trip: _____

Destination: _____ Departure Time: _____ Return Time: _____

- COST
- Public Transportation _____
 - Personal auto [Mileage: _____ x Rate: _____] _____
 - Tolls _____
 - Parking _____
 - Other (specify) _____
- TOTAL _____

Date: _____ Purpose of trip: _____

Destination: _____ Departure Time: _____ Return Time: _____

- COST
- Public Transportation _____
 - Personal auto [Mileage: _____ x Rate: _____] _____
 - Tolls _____
 - Parking _____
 - Other (specify) _____
- TOTAL _____

Date: _____ Purpose of trip: _____

Destination: _____ Departure Time: _____ Return Time: _____

- COST
- Public Transportation _____
 - Personal auto [Mileage: _____ x Rate: _____] _____
 - Tolls _____
 - Parking _____
 - Other (specify) _____
- TOTAL _____

Date: _____ Purpose of trip: _____

Destination: _____ Departure Time: _____ Return Time: _____

- COST
- Public Transportation _____
 - Personal auto [Mileage: _____ x Rate: _____] _____
 - Tolls _____
 - Parking _____
 - Other (specify) _____
- TOTAL _____