



Volunteer Expense Statement from \_\_\_\_\_ to \_\_\_\_\_

1. A Procurement is required for any purchase over \$100\*
2. Driving Expenses: State purpose, destination. Cost = 14¢/mile + tolls & parking fees
3. **Please indicate a committee and attach all receipts and supportive documents.**  
**All reimbursement should be submitted monthly and no later than the end of the fiscal year.**  
***Our fiscal year runs from Jan. 1st – Dec. 31st***

Committee: (Please indicate Local Trail Committee) Metro: \_\_\_\_\_

Catskills: \_\_\_\_\_ East Hudson: \_\_\_\_\_

New Jersey: \_\_\_\_\_ West Hudson: \_\_\_\_\_

Other Committees:

- |                                      |   |   |                                       |
|--------------------------------------|---|---|---------------------------------------|
| <input type="checkbox"/> Advocacy    | <input type="checkbox"/> Buildings/ Grounds     | <input type="checkbox"/> Chainsaw       | <input type="checkbox"/> Conservation |
| <input type="checkbox"/> Finance     | <input type="checkbox"/> Membership/Development | <input type="checkbox"/> Policy Council | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Stewardship | <input type="checkbox"/> Technology/ Web        | <input type="checkbox"/> Volunteer      |                                       |

Date of Purchase	Item Purchased	Procurement* form submitted? Y/N	Cost

TOTAL \$ \_\_\_\_\_

Less amount given as a tax deductible contribution (if any) \$ \_\_\_\_\_

**BALANCE REQUESTED \$ \_\_\_\_\_**

Your Name \_\_\_\_\_

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

Address \_\_\_\_\_ City/State \_\_\_\_\_ Zip \_\_\_\_\_

Signature/Position \_\_\_\_\_

**Staff Approval** \_\_\_\_\_ **Staff Use:** (Funding Source) \_\_\_\_\_