

# Volunteer Expense Reimbursement

## Alpha Sigma Phi Fraternity

### FORM SUBMISSION

This form must be completed in its entirety and be submitted to Fraternity Headquarters for reimbursement of personal mileage while participating in leadership conferences, programs, and/or meetings. Reimbursement requests will only be accepted up to thirty (30) days after the conference and/or meeting has ended.

### MILEAGE REIMBURSEMENT

The personal mileage reimbursement rate for participation in Alpha Sigma Phi Fraternity leadership conferences and/or meetings will be \$0.14 per mile. Mileage is determined from your chapter (undergraduates) or residence (alumnus) to the conference/meeting site location or vice versa. Alpha Sigma Phi's Department of Fraternity Operations administers this form.

**When using your private automobile, your personal automobile insurance will serve as your primary and only insurance coverage.**

### PERSONAL INFORMATION

Name \_\_\_\_\_

Chapter \_\_\_\_\_

Address \_\_\_\_\_

This is the address that your reimbursement check will be mailed to.

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Email Address \_\_\_\_\_

### EXPENSES TO BE REIMBURSED

Purpose \_\_\_\_\_

Please attach receipts, supporting statements, etc. for bills paid.

AIR TRAVEL (Attach Receipt) \$ \_\_\_\_\_

MILEAGE ( \_\_\_\_\_ miles @ \$0.14) \$ \_\_\_\_\_

The above-stated Volunteer, by signing this agreement, fully understands and accepts the following conditions for reimbursement.

1. Said Volunteer is responsible for keeping their automobile in good working order.
2. Said Volunteer is responsible for paying all operating costs of their automobile.
3. Said Volunteer is responsible for maintaining **minimum** auto liability limits of:
  - \$100,000 per person bodily injury
  - \$300,000 bodily injury aggregate per accident
  - \$50,000 property damage aggregate per accident or \$250,000 combined single limit

It is also agreed that the above-stated Volunteer, by signing this agreement, fully understands and accepts that Alpha Sigma Phi Fraternity provides no auto liability protection for the said Volunteer while operating their own vehicle on any activity related to the Fraternity.

CAR RENTAL (Attach Receipt) \$ \_\_\_\_\_

PARKING (Attach Receipt) \$ \_\_\_\_\_

HOTEL (Attach Receipt) \$ \_\_\_\_\_

MEALS: NUMBER \_\_\_\_ (Attach Receipts) \$ \_\_\_\_\_

TAXI (Attach Receipt) \$ \_\_\_\_\_

OTHER (Attach Receipt) \$ \_\_\_\_\_

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

LESS EDUCATION FOUNDATION DONATION \$ \_\_\_\_\_

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

I hereby certify that the above information is correct.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

### FOR OFFICE USE ONLY

Staff Initials \_\_\_\_\_

Request Approved  Yes  No If no, explain \_\_\_\_\_

Reason \_\_\_\_\_

Account # \_\_\_\_\_ Check # \_\_\_\_\_

