Special Olympics Idaho

VOLUNTEER EXPENSE REIMBURSEMENT

SOID DOES NOT REIMBURSE FOR MILEAGE

NAME: _____ DATE: _____

ADDRESS: _____

_____ TEAM NAME _____ AREA: _____

PHONE: _____

DATE	DESCRIPTION	REIMBURSE MISCELLANEOUS EXPENSES				TOTAL
		SUPPLY	MEALS	LODGING	OTHER	AMOUNT DUE
		$	$	$	$	$
TOTALS						

FOR ACCOUNTING ONLY: CODE	
GL CODE	AMOUNT

TOTAL DUE	

Original receipts must accompany all requests for miscellaneous expense reimbursement.

Return form with original receipts to:
Special Olympics Idaho
199 E 52nd Street
Garden City, ID 83714

REVIEWED:
POSTED:
PAYMENT APPROVED: