



# ALPHA SIGMA PHI FRATERNITY

alphasigmaphi.org

## VOLUNTEER REIMBURSEMENT FORM

### PERSONAL INFORMATION

Full Name \_\_\_\_\_

Address \_\_\_\_\_

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

The above address is where your reimbursement check will be mailed.

Phone (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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

### EXPENSES TO BE REIMBURSED

Purpose: \_\_\_\_\_

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

Volunteer Dates: \_\_\_\_\_

MILEAGE (\_\_\_\_\_ miles @ \$0.20) \$ \_\_\_\_\_

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

- Said Volunteer is responsible for keeping their automobile in good working order.
- Said Volunteer is responsible for paying all operating costs of their automobile.
- 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 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 **Itemized** Receipt) \$ \_\_\_\_\_

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

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

DONATION TO 2020 FUND (Tax Deductible) \$( \_\_\_\_\_ )

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

### FOR OFFICE USE ONLY

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

Request Approved:  YES  NO

If no, please explain: \_\_\_\_\_

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

This form must be completed in its entirety and be submitted to Alpha Sigma Phi Headquarters for reimbursement of personal mileage and expenses while participating in leadership conferences, programs and/or meetings.

Reimbursement requests will only be accepted up to 30 days after the event has ended or by June 30 each year, whichever occurs first.

The personal mileage reimbursement rate for participation in Alpha Sigma Phi Fraternity events will be \$0.20 per mile.

Mileage is determined from your campus (undergraduates) or residence (alumnus) to the conference/meeting site location or vice versa.

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

