



ALPHA SIGMA PHI FRATERNITY
alphasigmaphi.org

VOLUNTEER REIMBURSEMENT FORM

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, 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.

PERSONAL INFORMATION

Name _____

Address where your reimbursement check will be mailed _____

City _____ State _____ Zip _____ Phone (_____) _____ - _____

EXPENSES TO BE REIMBURSED

Purpose: _____ (Attach receipts)

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

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 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) \$ _____
HOTEL (Attach Receipt) \$ _____
TAXI (Attach Receipt) \$ _____
DONATION TO 2020 FUND (Tax Deductible) \$(_____)
TOTAL REIMBURSEMENT \$ _____

PARKING (Attach Receipt) \$ _____
MEALS: NUMBER _____ (Attach Receipt) \$ _____
OTHER (Attach Receipt) \$ _____

FOR OFFICE USE ONLY

Staff Initials: _____ Request Approved: YES NO

If no, please explain: _____

Account # _____ Check # _____

