

Expense Reimbursement Form

Convention: _____ Date: _____

Claimant Name: _____ Badge #: _____

Department: _____

This form is required for all expense reimbursements. Please make sure all required documentation accompanies this form. A reimbursement is issued only when the required amount of work is completed and the volunteer has performed satisfactorily. This form must be completed with the required signatures before a reimbursement can be issued. Please take this completed form to the Operations Coordinator or Convention Manager.

Please check the reimbursement(s) type:

Badge Reimbursement Amount (\$ _____)
Requires signature of the Department Head for reimbursement.
Purchased Badge must be stapled to this form.

Parking Reimbursement Amount (\$ _____)
Requires signature of the Department Head for reimbursement.
Parking receipts must be stapled to this form.

Supplies Reimbursement Amount (\$ _____)
Requires signature of the Department Head and Convention Manager.
All receipts must be provided and stapled to this form.

X _____
Claimant Signature

X _____
Department Head Signature

X _____
Operations Coordinator and/or Convention Manager Signature