

Volunteer (DCC) Expense Reimbursement Form
 If requesting mileage reimbursement, fill out the DCC Mileage Report.
 Attach receipts by taping to a blank piece of paper.

<input type="checkbox"/> Check if receipt is taped to back of form
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DCC Name: _____ EMPL ID: _____

Address (Home/Business) _____
Street City Zip

Meeting/Event title: _____

***Business Purpose** provides justification for WHY the expenditure was incurred, how it benefitted the UA and how it complied with all laws and regulations. **(No less than 10 words)**

Who benefits: _____

What was purchased: _____

Why purchased: _____

Please list receipt information below:

Date	Vendor	Amt. to be Reim.
TOTAL		

*If the transaction is **FOOD** purchased for a meeting or conference, please attach:

Agenda List of Attendees (indicate employed by U of A or not) Itemized Receipt

For a large group of 20 or more _____ Number of people in attendance

UofA Affiliation _____

FOR OFFICE USE ONLY

Account: _____ Sub-Account: _____ Object Code: _____