

Pennsylvania State Animal Response Team  
2605 Interstate Drive, Harrisburg, PA 17110  
1-717-651-2736; FAX 717-651-2125

**Volunteer Expense Reimbursement Report**  
**Mail Form to above address**

Name \_\_\_\_\_ Date(s) Incurred \_\_\_\_\_

Address \_\_\_\_\_

Occasion/Purpose: \_\_\_\_\_

Place: \_\_\_\_\_

Account No. \_\_\_\_\_ \$ \_\_\_\_\_

Account No. \_\_\_\_\_ \$ \_\_\_\_\_

**IRS REGULATIONS REQUIRE THAT ORIGINAL RECEIPTS  
BE ATTACHED FOR ANY EXPENSE ITEMS OF \$25.00 OR MORE**

TRANSPORTATION

Reimbursable  
Expenses

Car Mileage @ **\$0.585 per mile** \$ \_\_\_\_\_

Tolls \_\_\_\_\_

Meals \_\_\_\_\_

Hotel \_\_\_\_\_

OTHER EXPENSES (provide detail on reverse)

Total \$ \_\_\_\_\_

These expenses were incurred by me in the fulfillment of my volunteer duties.  
Personal expenses have been excluded.

Signed \_\_\_\_\_

Date \_\_\_\_\_

CART Coordinator Approval \_\_\_\_\_

Date \_\_\_\_\_

Approved by \_\_\_\_\_

Date Approved \_\_\_\_\_

**PASART Executive Director**