Volunteer Telephone Reimbursement Form

[For use of this form see USAR Reg 608-1; the proponent agency is the USAR Family Programs Directorate.]										
PRIVACY ACT ADVISORY STATEMENT AUTHORITY: Title 10, U.S. Code Annotated, Section 3013. PURPOSE: For Family Readiness volunteers to submit a claim for reimbursement for program-related expenses. ROUTINE USES: To transmit and provide background for receipts submitted to substantiate a claim for reimbursement. PROVIDING THE INFORMATION: Providing the information requested is voluntary; however, withholding the information will detain or prevent reimbursement.										
Name (First, MI, Last): Unit:										
Addr	ess									
City:			State:	Zip:						
Daytime Phone Number:										
Copy of Telephone Bill must be attached for reimbursement Use page 2 of this form to justify calls over 10 minutes. To calculate reimbursement, include total bill and tax portion.										
F	Date (MM/DD/YYYY)	Person Contacted	Purpose of Call (the specific)	Phone Number	Cost				
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	REIMBURSEMENT REQUESTED:									
Total reimbursement requested from page 2 of form: TOTAL REIMBURSEMENT REQUESTED: I verify that this request for expenses is expressly connected with my volunteer duties to the USAR Family Readiness Program and are not related to fundraising activities. I understand that by requesting reimbursement, I cannot later request a tax benefit for the same expenditures.										
Volunteer's Signature and Date (MM/DD/YYYY) Verifying Individual and Date (MM/DD/YYYY)										
		[Send completed forms	to your Servicing Con	nmand Family Pro	grams Office.]					
Prepared by Family Programs Office Approving Official										
D	k Number: _ ate Issued: _ (MM/DD/YYYY) _ Amount: _		Approved by: _		(Name, Title)					

Date (MM/DD/YYYY)	Person Contacted	Purpose of Call (the specific)	Phone Number	Cost

Justification for calls in excess of 10 minutes:

Unit:

REIMBURSEMENT REQUESTED:

Volunteer Telephone Reimbursement Form	(continuation)
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Name (First, MI, Last): _