Volunteer Telephone Reimbursement Form

[For use of this form see USAR Reg 608-1; the proponent agency is the USAR Family Programs Directorate.]

Name *(First, MI, Last):* _____   **Unit:** _____

Address _____

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.

Date (MM/DD/YYYY)	Person Contacted	Purpose of Call (the specific)	Phone Number	Cost
		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 Command Family Programs Office.]

Prepared by Family Programs Office Approving Official

Check Number: _____
Date Issued: _____
(MM/DD/YYYY)
Amount: _____   **Approved by:** _____
                                                                                (Name, Title)

Name *(First, MI, Last):* _____ **Unit:** _____

Calls over 10 minutes:

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

Justification for calls in excess of 10 minutes: