

Volunteer Newsletter 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: _____

Address _____

City: _____ State: _____ Zip: _____

Daytime Phone Number : _____

**Copy of receipts for printing, postage, etc., must be attached
with a copy of the FRG Newsletter for reimbursement**

If unit supplies and/or equipment were not used, please complete page 2.

Supplies Purchased	Quantity	Cost per Item	Total
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)

Volunteer Newsletter Reimbursement Form (continuation)

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

If unit supplies and/or equipment were not used, please explain and identify costs incurred providing receipts as appropriate.

I acknowledge that above information is accurate and the volunteer is eligible for FS-NAF reimbursement of related expenses.

Unit Representative (Commander, FRL, UA)