

# Volunteer Miscellaneous 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 : \_\_\_\_\_

Receipts for expenses must be attached for reimbursement  
[Prior approval from the Servicing Command Family Programs Office is required.]

Family Program Activity Supported (be specific)	Event Date (MM/DD/YYYY)	Expenditure Description	Cost

TOTAL REIMBURSEMENT REQUESTED: \_\_\_\_\_

*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 expenditure.*

\_\_\_\_\_  
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)