Oberlin College  
Volunteer Expense Form

Please use this form to record expenses for meetings and send it with your request for reimbursement or for a Gift-in-Kind acknowledgement. If you donate unreimbursed expenses to the College, this "expense waiver gift" will be treated as a gift-in-kind contribution to the College. Please see the volunteer expense guidelines for an explanation of how these gifts are counted. If you request all or part of your expenses to be reimbursed, the Controller's office will send you a check promptly.

**Original receipts must be attached for reimbursement of expenses. Copies of receipts will be accepted for expense waiver gifts provided that no portion of the expenses will be reimbursed to the volunteer.**

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<table>
<thead>
<tr>
<th>Name:</th>
<th>Class:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>City, State, Zipcode:</td>
<td></td>
</tr>
<tr>
<td>SS# or T #</td>
<td></td>
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<tr>
<td>Meeting:</td>
<td>Date:</td>
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**EXPENSES**

**I. TRAVEL**

By automobile **__________** miles @ $0.14 per mile $**__________** (if being reimbursed for expenses)

By air $**__________**

Cab or limousine transportation (from/to airport) $**__________**

Rental car and gasoline $**__________**

Toll Expenses $**__________**

Airport parking $**__________**

**II. Motel/B&B accommodations** $**__________**

**III. Meals** $**__________**

Volunteer’s Signature: ____________________________

TOTAL $**__________**

Date: ______________ 

Amount given as a Gift-in-Kind contribution to Oberlin (as permitted by law) $**__________**

Amount to be reimbursed directly to you $**__________**

Please send this form by mail with your original receipts to your sponsoring department:

<table>
<thead>
<tr>
<th>Oberlin Annual Fund</th>
<th>Admissions Office</th>
<th>Oberlin Alumni Assoc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>50 W Lorain St. Ste. 101</td>
<td>101 N Professor St.</td>
<td>65 E College St. Ste. 4</td>
</tr>
<tr>
<td>Oberlin OH 44074</td>
<td>Oberlin OH 44074</td>
<td>Oberlin OH 44074</td>
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Staff Approval
Signature: ____________________________ Date: ______________

Department: ____________________________ Account Number: ____________________________