

**The Smith Fund of Smith College
33 Elm St., Northampton, MA 01063
FY '08 Volunteer Expense Reimbursement Form (revised 10/18/2007)**

SUBSTANTIATING RECEIPTS must be attached for all expenses. Please read reverse.

Name (please print) _____	Class Year _____
Address _____	Date _____
_____	Soc. Sec. # or AV# found on _____
	Quarterly: _____

Please circle appropriate volunteer position:								
Class Gift Agent		Class Ambassador		Class Steward		Mem'l	AFC	Parents
FTC	CFA	SGC	AFA	SGA	CCC	Chair	Committee	Committee

Purpose, Date(s), Reason and Location of Expense(s): _____

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Expense Account	Account #	\$ Amount
Office supplies, photocopying	71501	\$ _____
Postage	74853	\$ _____
Telephone	74802	\$ _____
Meals (specify purpose)	74301	\$ _____
Transportation(specify purpose)	74029	\$ _____
Lodging (specify purpose)	74402	\$ _____
Mileage @.485/mile indicate miles	74029	\$ _____ #miles _____
Other (specify)		\$ _____
Total Expenses		\$ _____

Please do not write below this line - for office use only.

Descrip.	Index	Fund	Org	Account	Program	Activity	Location	Amount

<p><small>P/Alumnae Fund/Templates/Reimbursement - FY'06 Volunteer.xls</small></p> <p>Class manager approval (please initial) _____</p> <p>Department Authorization: _____</p>	<p style="text-align: right;">TOTAL ALLOCATION \$ _____</p> <p style="text-align: right;">Date: _____</p>
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SMITH COLLEGE MISSING RECEIPT AFFIDAVIT

I certify that each ticket stub or receipt described below, which has been reported on the reverse Volunteer Expense Reimbursement Form was lost or not obtained and that I have not been able to obtain a duplicate from the provider of goods or services for which payment was made. It has not yet been, nor will it be, submitted for reimbursement to Smith College or any other organization.

Description of missing receipt(s)

Amount

Signature of Volunteer: _____ Date: _____

Department Authorization: _____ Date: _____

Please note: This is the only Missing Receipt Affidavit that will be accepted by the Controller's Office.