|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Children’s Disaster Services**  601 Main Street, PO Box 188  New Windsor, Maryland 21776  CDSlogo-black1-800-451-4407 or cds@brethren.org | | | | | | | | | | | | | | | | | | |
| Volunteer Expense Statement  **(this form is available online)** | | | | | | | | | | | | | | | | | | |
| Pay To: | | | Name: | | | |  | | | | | | | | | | | |
|  | | | Address | | | |  | | | | | | | | | | | |
|  | | | City: | | | |  | | State/Province | | | |  | | Zip Code | | |  |
|  | | | Phone # | | | |  | | | | | | | | | | | |
| Expenses for: | | | | | | |  | | | | | | | | | | | |
| Signature: | | | | | | |  | | | | | | | Date | |  | | |
| Itemization  *(Receipts must be attached for each item to be reimbursed)* | | | | | | | | | | | | | | | | | | |
| Date | | | | Expense | | | | | | | | | | | | | Amount | |
|  | | | | Private auto: # miles  ($.625 per mile) **updated July 2022** | | | | | | | | | | | | | $ | |
|  | | | | Airfare: From: | | | | | | | To: | | | | | | $ | |
|  | | | | Bus/Taxi: From: | | | | | | | To: | | | | | | $ | |
|  | | | | Rental Car: | | | | | | | | | | | | | $ | |
|  | | | | Tolls/Tips: | | | | | | | | | | | | | $ | |
|  | | | | Lodging: | | | | | | | | | | | | | $ | |
|  | | | | Meals Total: | | | | | | | | | | | | | $ | |
|  | | | | Miscellaneous: | | | | | | | | | | | | | $ | |
|  | Expense Total | | | | | | | | | | | | | | | | $ | |
|  | Less Donation to Children’s Disaster Services | | | | | | | | | | | | | | | | $ ( ) | |
| Less Advance 58-1106 | | | | | | | | | | | | | | | | $ ( ) | |
|  | Balance Due to Volunteer | | | | | | | | | | | | | | | | $ | |
| **(For Office Use Only)** | | | | | | | | | | | | | | | | | | |
| **Date:** | |  | | | | **Receipts** | |  | | **⬜ Return check to my office** | | | | | | | **⬜ Mail check** | |
| **Account Number:** | | | | |  | | | | | **Signature:** | |  | | | | | | |
|  | | | | | | | | | | | | | | | | | | |

**Rev. July 2022**



**Reimbursement for CDS Expenses**

CDS Volunteers may request reimbursement for expenses related to volunteer work requested by Children’s Disaster Services, unless those expenses are covered by the American Red Cross.

These expenses may include

* Travel costs
* Motel
* Meals for self and CDS care givers
* Cell phone charges above the volunteer’s typical monthly bill
* Fax
* Supplies that are related to the project
* Land line long distance phone charges directly related to a response. (highlight CDS calls)

* 1. Fill in the Volunteer Expense Statement completely.
  2. Attach all receipts (On phone bills, please highlight CDS related calls)

You may want to keep a copy of the receipts for your records.

* 1. To make a contribution to Children’s Disaster Services, write the amount in the appropriate box.
  2. Double-check your arithmetic.
  3. Sign and date the form.
  4. Mail completed form with receipts, to CDS Office, 601 Main Street,

PO Box 188, New Windsor, MD 21776.

* 1. A reimbursement check will be mailed within two weeks of the receipt of your request.

***Note****:* ***Receipts must be attached for each item.***

***Thank You***