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| **Children’s Disaster Services**601 Main Street, PO Box 188New Windsor, Maryland 21776CDSlogo-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***