

**Senior LinkAge Line® Volunteer
Travel and Expense Report**

Name	Expense Report period (mo./yr):
Address	
City, State Zip	

Date	Explanation	Location	Miles	Other Phone/Postage/Meals	Total
Total miles				Current Reimbursement X .54 =	\$
			Total Reimbursements		\$

Please submit this report by the last Monday of each month to:
 Volunteer Coordinator
 SEMAAA
 2720 Superior Drive, Suite 102
 Rochester, MN 55901

I declare under penalty of law that his claim is just and correct and that no part of it has been paid or otherwise reimbursed according to IRS Regulations.

Signed: _____ Date: _____

Payment authorization _____

Account code _____ Check #/date _____