

## Senior LinkAge Line Volunteer Hours / Expense Report

Name:	Quarterly Reporting Months:
Address:	Please submit this report by the last Wednesday of each quarter to: Volunteer Coordinator, Central MN Council on Aging, 3333 W Division St, Ste 217, St. Cloud, MN 56301
City, State, Zip:	

Date	Type of Activity/Event	Hours *	Location	Miles **	Other Allowable Expenses	Total
<b>Total Hours:</b>			<b>Total Miles:</b>			<b>Mileage:</b>
* .5 increments ** Round to nearest mile					<b>Total Reimbursement:</b>	

For CMCOA Office use only:

Element Code: \_\_\_\_\_

GL Code Volunteer Mileage 52400: \_\_\_\_\_

GL Code Postage 53400: \_\_\_\_\_

GL Code: \_\_\_\_\_

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

\_\_\_\_\_ Date: \_\_\_\_\_  
( Volunteer signature)

\_\_\_\_\_  
(Coordinator signature)

**Please Note:** Our auditor requires that we have receipts for all expenses. Please remember to attach all receipts to receive reimbursement. Thank you.