

## Cornell Cooperative Extension of Jefferson County Volunteer Expense Report

*Use this form to record reimbursable expenses as determined by Association Policy Code 504.*

Date	Type of Expenditure	Amount

**Total**

*I verify that these represent an accurate record of my expenses.*

**Signature of Volunteer** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved by** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date** \_\_\_\_\_