



VOLUNTEER EXPENSE FORM

Name _____

Address _____

Date Submitted _____

Please check: I am requesting reimbursement for the items listed below
 I am not

Signature: _____
Please attach all receipts and submit reimbursement requests to MITA 100 Kensington St, 2nd Floor, Portland, ME 04103

TRAVEL (please itemize on reverse)

Total mileage reimbursement \$ _____

Tolls, parking & launching fees \$ _____

CONSUMABLES

Boat fuel, stabilizer, trashbags, etc. \$ _____

PARTS & EQUIPMENT

Prior approval from MITA is required when purchasing parts or equipment for boats/motors/trailers except in emergency \$ _____

MISCELLANEOUS

Please specify: \$ _____

TOTAL \$ _____

