



**MAINE ISLAND TRAIL**  
ASSOCIATION

**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, 2<sup>nd</sup> 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** \$ \_\_\_\_\_

