



Volunteer Reimbursement

Region _____ Agency _____

Event name & date (if applicable): _____

Type of Expense:	Amount:	Vendor/Store:
Office Supplies	_____	_____
Program Materials	_____	_____
Professional Fees	_____	_____
Facility Rental	_____	_____
Equipment Rental	_____	_____
Printing	_____	_____
Advertising	_____	_____
Accommodations/Travel	_____	_____
Food /Beverages	_____	_____

TOTAL AMOUNT BEING REIMBURSED: \$ _____

Printed name of volunteer submitting the reimbursement request: _____

Contact phone number or email: _____

I hereby certify that the expenses herein requested are true and exact, and are necessary and reasonable to conduct Law Enforcement Torch Run business. I further certify that these expenses are not being submitted for payment to any other organization, agency or government entity.

Signature of volunteer submitting the expense: _____ Date _____

Address to mail check to: _____

Printed name of key volunteer authorized to approve expenses: _____

Signature of key volunteer authorized to approve expenses: _____

The Torch Run Executive Council requires a SOVA staff signature on all requests over \$1,000. _____
SOVA Staff

This form should be used to request reimbursement for an expense paid for with a volunteer's personal funds. Attach all receipts. Mail to Torch Run @ HHJ (the accounting firm that tracks LETR fundraising): 300 Arboretum Place, Suite 660 Richmond, VA 23236. Feel free to contact HHJ with your questions at any time: (804) 560-0560 or torchrun@hhjcpa.com.