Form to be completed, with copies of receipts attached, and sent through mail, faxed, email to your nearest Branch Contact

Annex C
To VPP Handbook

VP Program Reimbursement Claim
For VPP Volunteers

Volunteer Name _____**Position** _____
Address_____
_____
Telephone Number_ _____Email_____
Period Covered: From _____To_____

Date	Item/Client Name	Voucher Number	Cost ($)	Comments
	Total Claim			

Signature _____ Date _____

Recommended by Branch President_____ Date _____
(Branch Contacts and Mentors only)

Recommended by VPVM _____ Date _____

Approved for Payment by Treasurer _____ Date _____