

Tax Receipt for Volunteer Expense Reimbursement

Organization Name: [Your Organization Name]
Organization Address: [Your Organization Address]
Charitable Registration Number: [Registration Number]

Volunteer Name: [Volunteer Full Name]
Date(s) of Service: [Date(s) Expenses Incurred]
Date of Receipt: [Date Issued]

Itemized Expense Reimbursement

| Description of Expense | Date | Amount |
|-------------------------|----------|----------------|
| [Expense Description 1] | [Date 1] | [\$[Amount 1]] |
| [Expense Description 2] | [Date 2] | [\$[Amount 2]] |
| Total Reimbursed: | | [\$[Total]] |

This is to certify that the above amount has been reimbursed to the volunteer for out-of-pocket expenses incurred while performing approved volunteer work for [Your Organization Name]. No charitable donation has been made by the volunteer with respect to these expenses.

Authorized Signature: _____
Date: _____

Keep this receipt for your tax records. For more information, consult your tax advisor.