

# Tax Receipt for Volunteer Expense Reimbursement

**Organization Name:** [Your Organization Name]

**Organization Address:** [Your Organization Address]

**Charitable Registration Number:** [Registration Number]

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**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]]
<b>Total Reimbursed:</b>		[\$[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:* \_\_\_\_\_

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