**Expense Reimbursement Template**

**Why consider this?**

Your Club or Association may consider reimbursing volunteers for out-of-pocket expenses incurred in performing their role. Expenses may include public transport, petrol allowance, parking, mobile phone use or equipment purchases.

**How to use this tool**

To create a tool specific for use in your Club or Association, please insert the information in the **“Copy / Paste”** area below into a document that includes your Club or Association header and any other information believed relevant.

**Making information accessible and available in multiple languages**

Our community is diverse, encompassing multiple language and accessibility needs. We encourage ensuring your information can be available to people with visual disabilities as well as produced in languages relevant to your community, Club or Association.

The Victorian Government provides online resources to assist you with:

* [Language interpretation or translation](https://www.vic.gov.au/interpreters-and-translations)
* [Visual accessibility](https://www.vic.gov.au/make-content-accessible)

**More sport-specific tools about volunteering**

Sport Volunteering is a big topic with many areas where expertise is required. A range of sport-specific resources have been created to assist you in your strategies and practices around volunteers. This tool is one of many tools and factsheets available at [**Volunteering Victoria’s sport specific webpage**](https://www.volunteeringvictoria.org.au/sport-volunteering/). We encourage you to check out the full range of tools and use those which may support and apply to your club.

**Copy / Paste**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |  |  | Date: |  |
|  |

|  |  |  |
| --- | --- | --- |
| **DATE INCURRED** | **DETAILS** | **AMOUNT** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| **TOTAL**  | **$** |
|  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Claimant’s name: |  |  | Signature: |  |
| Authorised by name: |  |  | Signature: |  |
| Date submitted: |  |

|  |
| --- |
| **Office Use Only** |
| Claim authorised: | [ ]  Yes [ ]  No |
| If no, state reason: |  |
|  |  |
| Authorised by name: |  |  | Signature: |  |
| Date of reimbursement: |  |