

STATEMENT OF VOLUNTEER EXPENSE

Performed for
Wheaton College, Norton, Massachusetts 02766

I have expended the following amount(s) in my work as _____

<u>Date</u>	<u>Item</u>	<u>Amount</u>
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TOTAL _____

Please advise us of your choice:

- () 1. I do not wish to be reimbursed for these expenses. Please send me certification of these expenses for tax purposes. **Copies** of my receipts are enclosed for certification.
- () 2. I wish to be reimbursed for these expenses. **Original** receipts are enclosed.

Name _____
(Class)

Address _____

Telephone _____
(Day) (Evening)

E-mail _____

Return this form to:
Office of Alumnae/i Relations and Annual Giving
Wheaton College
Norton, MA 02766