

**American Brain Foundation  
Volunteer In-Kind Travel Expense Form**

Name of Volunteer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Travel expense narrative (Please provide a narrative description of the circumstances surrounding your deductible expenses, e.g., "I provided [specific services] at [specific event] sponsored by ABF"):

Itemized description of in-kind travel expenses (Please provide a list of qualifying expenses; please provide copies of receipts substantiating such expenses):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Total unreimbursed travel expenses (Please provide a total amount): \_\_\_\_\_

By signing below, I, \_\_\_\_\_, hereby certify that the above

information is correct, and that the expenses described above are out-of-pocket travel costs incurred while providing volunteer services to ABF that are: unreimbursed; directly connected with volunteer services provided by me to ABF; expenses I had only because of the volunteer services I provided to ABF; not personal, living, or family expenses; and not costs incurred by me for recreation, vacation or personal pleasure. I acknowledge that it is my responsibility to be able to substantiate these qualifying expenses, including their connection to volunteer work, to the IRS in connection with any claimed deduction.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date