

Request to Approve or Renew a Volunteer Program

INSTRUCTIONS: Email the completed form to as.stateaccounting@nebraska.gov.
Please enter Volunteer Program in the subject line.

DISCLOSURE: This form is completed and provided to DAS-State Accounting in accordance to State Accounting Manual General Policy #15. Volunteer/Provider Expenses.

Agency Name:

Please check one: New Program: Renewal Request:

General:

1. Name and type of program to be established or renewed:

2. Number of volunteers/providers (estimate if first year):

3. Number of events being held (estimate if first year):

4. Types of services to be provided by the volunteers/providers:

Expenses:

5. Types of expenses to be incurred?

6. Benefits this program will provide:

7. Total annual expenses for the program (estimate if first year):

8. How are you planning to manage and track project costs? *Object Codes 523000 or 574700 must be used to record these expenses.*

Agency Contact Name: _____

Contact Phone # _____

Address: _____

City, State, Zip: _____