



MAPE EXPENSE + LOST TIME FORM - Committee 2020

Name _____ Work e-mail _____
 Street Address _____
 City, State, Zip Code _____
 Daytime Phone (incl area code) _____ Rate of Pay:

Board of Directors Expenses														
Date	Committee	Location	Meeting Time		Business Miles/Exp	Lodging	*Food/Bev./Meals	Parking	Misc	Type of Leave Vac or UL	Lost Hours	Travel Hours	MSRS Y/N	Gross Pay (Hours * Pay Rate)
			Start time/End time											
	BOD	MAPE												\$ -
	BOD	MAPE												\$ -
	BOD	MAPE												\$ -
Total Business Miles =					-									
Fed Mileage Rate =					\$ 0.575									
Expense Type:					\$ -	\$0.00	\$0.00	\$0.00	\$0.00					\$ -

Other Committee Expenses														
Date	Committee	Location	Meeting Time		Business Miles/Exp	Lodging	*Food/Bev./Meals	Parking	Misc	Type of Leave Vac or UL	Lost Hours	Travel Hours	MSRS Y/N	Gross Pay (Hours * Pay Rate)
			Start time/End time											
		MAPE												\$ -
		MAPE												\$ -
		MAPE												\$ -
Total Business Miles =					-									
Fed mileage Rate =					\$ 0.575									
Totals by Expense Type:					\$ -	\$0.00	\$0.00	\$0.00	\$0.00					\$ -

Other Committee Expenses														
Date	Committee	Location	Meeting Time		Business Miles/Exp	Lodging	*Food/Bev./Meals	Parking	Misc	Type of Leave Vac or UL	Lost Hours	Travel Hours	MSRS Y/N	Gross Pay (Hours * Pay Rate)
			Start time/End time											
		MAPE												\$ -
		MAPE												\$ -
		MAPE												\$ -
Total Business Miles =					-									
Fed mileage Rate =					\$ 0.575									
Totals by Expense Type:					\$ -	\$0.00	\$0.00	\$0.00	\$0.00					\$ -

Board of Directors Expenses				Other Committee Expenses				Other Committee Expenses				
Mileage	01-58950-3300-	-	\$ -	Mileage	01-58950-5300-	-	\$ -	Mileage	01-58950-	-	-	\$0.00
Lodging	01-58920-3300-	-	\$ -	Lodging	01-58920-5300-	-	\$ -	Lodging	01-58950-	-	-	\$0.00
Food/Bev.	01-58970-3300-	-	\$ -	Food/Bev.	01-58970-5300-	-	\$ -	Food/Bev.	01-58950-	-	-	\$0.00
Parking	01-58955-3300-	-	\$ -	Parking	01-58955-5300-	-	\$ -	Parking	01-58950-	-	-	\$0.00
Misc	01-3300-	-	\$ -	Misc	01-5300-	-	\$ -	Misc	01-58950-	-	-	\$0.00
Other	01-3300-	-	\$ -	Other	01-5300-	-	\$ -	Committee	01-58950-	-	-	\$0.00
Total			\$ -	Total			\$ -	Total				\$ -

Total Expenses this Form \$ -

Total Lost Time This Form \$ -

Requester's Signature: _____ Date: _____
 Committee Chair/Statewide Officer Signature: _____ Date: _____
 Statewide Treasurer Signature: _____ Date: _____

Instructions
 Enter data in white space only.
 Grayed out areas will calculate automatically.
 Insert rows if additional space is needed.
 Fill out electronically, print, sign and submit.
 * **Food/Beverage Guidelines: B-\$9, L-\$11, D-\$16**
 For group meals, list names of all attendees.
 \$.05 bonus per mile or each member/fee payer driven (must list names)

OFFICE USE ONLY	
Dept. Code	_____
Check #	_____
Date Paid	_____
Amount	\$ _____

Revision Date: December 2019