

Local Checkbook Replenishment

**ALL EXPENSES MUST COMPLY WITH LOCAL REIMBURSEMENT POLICY
2020**

Local Treasurer: _____ Daytime Phone Number: _____ Local: _____

Work email address: _____ Home email address: _____

ALL RECEIPTS AND ATTENDANCE LISTS MUST BE ATTACHED

Checks Issued to: _____

Place of Meeting	Date of Meeting	Check Number	Payee	Expense Type	Amount
Total					0.00

[To calculate **Total**, click on 0.00 until it is highlighted 0.00 and press F9]

I hereby certify that this is a correct statement of Local expenses as claimed.

All expenses are subject to audit and verification can be requested.

Local Treasurer's Signature: _____ Date: _____

Local Officer Signature (if any payment over \$500)

Local Officer Printed Name

Local Use: Submit Date: _____

Office Use Only

30-59000 _____ Other/Misc. Expense \$ _____

30-55100 _____ Membership Awards/Prizes \$ _____

Recipient(s): _____

30-55115 _____ Member ONLY Awards & Prizes \$ _____

30-55200 _____ Contributions \$ _____

30-52750 _____ Meeting Room Rental \$ _____

30-58920 _____ Lodging \$ _____

30-58970 _____ Group Food/Beverage (list of attendees required) \$ _____

30-58973 _____ Member ONLY Food/Beverage \$ _____

If a group of 2 or more, they must attach names.

30-58905 _____ Individual Meal Total (Taxable Meal) B \$9 L \$11 D \$16 \$ _____

30-58950 _____ Auto Mileage: _____ miles x \$0.58/mile \$ _____

30-58900 _____ Carpool Bonus: \$0.05 per mile per MAPE passenger \$ _____

List names: _____

Any amounts over the IRS rate are subject to withholding.

30-58955 _____ Travel/Taxi/Phone/Parking, etc. \$ _____

TOTAL AMOUNT TO BE REPLENISHED \$ _____