

 **Local Expense Reimbursement Request**

 **2020**

**Check Payable to:**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Daytime Phone # (include area code):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Street Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **City, State, ZIP:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Work email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Home email address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Place of Meeting:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **Date of Meeting:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Local:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **ALL RECEIPTS AND ATTENDANCE LISTS MUST BE ATTACHED TO BE COMPENSATED**

|  |  |  |
| --- | --- | --- |
| *Office Use only* |  | Amount |
| 30-59000\_\_\_\_\_\_\_\_\_\_  | Other/Misc. Expense |  |
| 30-55100\_\_\_\_\_\_\_\_\_\_  | Membership Awards/Prizes Recipient(s):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 30-55200\_\_\_\_\_\_\_\_\_\_  | Contributions |  |
| 30-52750\_\_\_\_\_  | Meeting Room Rental |  |
| 30-58920\_\_\_\_\_\_\_\_\_\_  | Lodging |  |
| 30-58970\_\_\_\_\_\_\_\_\_\_  | Group Food/Beverage (list of attendees required)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
| 30-58905\_\_\_\_\_\_\_\_\_\_  | Individual Meal Total (Taxable Meal) B $9, L $11, D $16 |  |
| 30-58950\_\_\_\_\_\_\_\_\_\_  |  Auto Mileage: \_\_\_\_\_\_\_\_ miles x $0.575/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 |   | 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 my expenses as claimed.

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

Requester’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Local Treasurer’s Signature (Required) Local Officer Signature (if over $500)

ALL EXPENSES MUST COMPLY WITH LOCAL REIMBURSEMENT POLICY

Local Use: Submit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_