



MINNESOTA ASSOCIATION
OF PROFESSIONAL EMPLOYEES

Local Expense Reimbursement Request

2021

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

<i>Office Use only</i>		Amount
BO-59000	Other/Misc. Expense	
	Membership Awards/Prizes	
BO-55100	Recipient(s):	
BO-55200	Contributions	
BO-52750	Meeting Room Rental	
BO-58920	Lodging	
BO-58970	Group Food/Beverage (list of attendees required)	
BO-58905	Individual Meal Total (Taxable Meal) B \$9, L \$11, D \$16	
BO-58950	Auto Mileage: _____ miles x \$0.56/mile =	
	Carpool Bonus: \$0.05 per mile per MAPE passenger	
BO-58900	List names: _____	
BO-58955	(Any amounts over the IRS rate are subject to withholding.)	
	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's Signature (if over \$500)

ALL EXPENSES MUST COMPLY WITH LOCAL REIMBURSEMENT POLICY

Local Use: Submit Date: _____