Local Checkbook Replenishment

ALL EXPENSES MUST COMPLY WITH LOCAL REIMBURSEMENT POLICY

Local Treasurer: ___________________________ Daytime Phone Number: ___________________________ Local: ________

Work email address: ___________________________ Home email address: ___________________________

ALL RECEIPTS AND ATTENDANCE LISTS MUST BE ATTACHED

Checks Issued to: ___________________________

<table>
<thead>
<tr>
<th>Place of Meeting</th>
<th>Date of Meeting</th>
<th>Check Number</th>
<th>Payee</th>
<th>Expense Type</th>
<th>Amount</th>
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Total

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 $___________
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 $___________
30-58905 Individual Meal Total (Taxable Meal) B $9 L $11 D $16 $___________
30-58950 Auto Mileage: ________ miles x $0.585/mile $___________
30-58900 Carpool Bonus: $0.05 per mile per MAPE passenger List names: ___________________________
30-58900 Individual Meal Total (Taxable Meal) B $9 L $11 D $16 $___________

Any amounts over the IRS rate are subject to withholding.

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

TOTAL AMOUNT TO BE REPLENISHED $___________

January 2020