

COMMITTEE EXPENSE REPORT 2024

ALL RECEIPTS MUST BE ATTACHED TO BE COMPENSATED & MUST HAVE APPROVAL OF COMMITTEE CHAIR

| Name | 01-59000-_____ Other/Misc. Expense | \$ _____ | | | | | | | | | | | | | | | | |
|-------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|---|---|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Street Address | 01-55100-_____ Membership Awards and Prizes | \$ _____ | | | | | | | | | | | | | | | | |
| City, State, Zip Code | 01-58920-_____ Lodging (Please check if direct bill)_____ | \$ _____ | | | | | | | | | | | | | | | | |
| Daytime Phone (including area code) | 01-58970-_____ Food/Beverage (Guidelines: B-\$18, L-\$20, D-\$36) | \$ _____ | | | | | | | | | | | | | | | | |
| Date of Meeting | 01-58905-_____ | \$ _____ | | | | | | | | | | | | | | | | |
| Place of Meeting | <table border="1"> <thead> <tr> <th>Dates</th> <th>B</th> <th>L</th> <th>D</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> | Dates | B | L | D | | | | | | | | | | | | | |
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| Start and End Time of Meeting | Name others for whom YOU purchased meals and attach receipt _____ | | | | | | | | | | | | | | | | | |
| Committee Name | 01-58950-_____ Auto Mileage: _____ miles x \$.67/mile Bonus: \$.05/mile per member/fairshare passenger List name(s) _____ Any amounts over the IRS rate are subject to withholding. 58900-_____ \$ _____ 01-58955-_____ Travel/Taxi/Phone/Parking/etc. \$ _____ TOTAL AMOUNT \$ _____ | - - - - | | | | | | | | | | | | | | | | |

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 _____

Work e-mail address _____

Home e-mail address _____

Approval: _____
Committee Chair/Statewide Officer

_____ Statewide Treasurer

Back of Expense Report:

If in travel status before 6:00 a.m. the day of the meeting, then hotel room and dinner the previous day is allowed.

If in travel status before 7:00 a.m., then reimbursement for breakfast is allowed.

If in a MAPE meeting or in travel or lost time status anytime during 11:00 a.m. to 1:00 p.m., then reimbursement for lunch is allowed.

If in travel status after 6:00 p.m. the day of the meeting, then reimbursement for dinner is allowed.

If in travel status after 7:00 p.m. the day of the meeting, then reimbursement for dinner, room and breakfast the next day if you choose to stay overnight is allowed.