 Local Checkbook Replenishment

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

**2025**

**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** |
|  |  |  |  |  |  |
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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 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 $23 L $26 D $38 $\_\_\_\_\_\_\_\_\_\_\_\_

30-58950\_\_\_\_\_ Auto Mileage:\_\_\_\_\_\_\_\_ miles **x** $0.70/mile $\_\_\_\_\_\_\_\_\_\_\_\_

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

List names: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Note: any amounts over the IRS rate are subject to withholding)

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

 TOTAL AMOUNT TO BE REPLENISHED $\_\_\_\_\_\_\_\_\_\_\_\_