

Local Checkbook Replenishment

ALL EXPENSES MUST COMPLY WITH LOCAL REIMBURSEMENT POLICY

2024

Local Treasurer: I	Daytime Phone Number:	Local:
Work email address:	Home email address:	
ALL RECEIPTS AND ATTENDANCE LISTS MUST BE AT	TACHED	

Checks Issued to: _____

Place of Meeting	Date of Meeting	Check Number	Рауее	Expense Type	Amount
Total					

I hereby certify that this is a correct statement of Local expenses as claimed. <u>All expenses are subject to audit and verification can be requested.</u>

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 \$18 L \$20 D \$36	\$
30-58950	Auto Mileage: miles x \$0.67/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 TO BE REPLENISHED	\$