



Local Checkbook Replenishment

ALL EXPENSES MUST COMPLY WITH LOCAL REIMBURSEMENT POLICY

2024

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
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 \$18 L \$20 D \$36 \$ _____
(Note: these amounts go up to B \$23 L \$26 D \$38 starting on October 1, 2024)
- 30-58950 _____ Auto Mileage: _____ miles x \$0.67/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 \$ _____