



Local Expense Reimbursement Request

2024

Check Payable to:

Name: _____ Daytime Phone # (include area code): _____

Street Address: _____ City, State, ZIP: _____

Work email address: _____ Home email address: _____

Place of Meeting: _____ Date of Meeting: _____ Local: _____

ALL RECEIPTS AND ATTENDANCE LISTS MUST BE ATTACHED TO BE COMPENSATED

Office Use only		Amount
30-59000	Other/Misc. Expense	
30-55100	Membership Awards/Prizes Recipient(s): _____	
30-55200	Contributions	
30-52750	Meeting Room Rental	
30-58920	Lodging	
30-58970	Group Food/Beverage (list of attendees required) _____	
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		0.00

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: _____

Approval: _____
Local Treasurer's Signature (Required) Local Officer Signature (if over \$500)

ALL EXPENSES MUST COMPLY WITH LOCAL REIMBURSEMENT POLICY

Local Use: Submit Date: _____