



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

<i>Office Use only</i>		Amount
30-59000	Other/Misc. Expense	
	Membership Awards/Prizes	
30-55100	Recipient(s): _____	
30-55200	Contributions	
30-52750	Meeting Room Rental	
30-58920	Lodging	
	Group Food/Beverage (list of attendees required)	
30-58970	_____	
30-58905	Individual Meal Total (Taxable Meal) B \$18, L \$20, D \$36 until September 30, 2024 B \$23, L \$26, D \$38 starting October 1, 2024	
30-58950	Auto Mileage: _____ miles x \$0.67/mile =	
	Carpool Bonus: \$0.05 per mile per MAPE passenger	
	List names: _____	
30-58900	(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: _____