



# Local Expense Reimbursement Request

2022

**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   |        |
| 30-55100               | Membership Awards/Prizes<br>Recipient(s): _____   |        |
| 30-55200               | Contributions   |        |
| 30-52750               | Meeting Room Rental   |        |
| 30-58920               | Lodging   |        |
| 30-58970               | Group Food/Beverage (list of attendees<br>required) _____   |        |
| 30-58905               | Individual Meal Total (Taxable Meal) B \$9, L \$11, D<br>\$16   |        |
| 30-58950               | Auto Mileage: _____ miles x \$0.625/mile =  |        |
| 30-58900               | Carpool Bonus: \$0.05 per mile per MAPE passenger<br>List names: _____<br>(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: \_\_\_\_\_