

District 46 Expense Request Form 2019

Date Submitted:

This form is to be completed for expenses paid out of pocket when requesting reimbursement or an advance for services approved by the district, by guidelines or by motion. Copies of receipts and maps to confirm mileage should be attached upon completion of the event, including reconciliation with advance.

Check One:
Reimbursement: **Advance:**

Event or Meeting Description: _____
 Date of Event: _____
 Submitted by: _____
 Service Position: _____

Meeting Expenses:

Registration Fee	<input type="text"/>
Travel (provide online calculation)	
# of mile traveled	<input type="text"/>
For IRS Rate(2020: \$57.5/Mile)	<input type="text"/>
For gas provide receipts	<input type="text"/>
Describe Alt. reimbursement up to IRS rate	<input type="text"/>
Mileage amount by method selected	<input type="text"/>
Parking, Ferry Tolls, Bridge (receipts):	<input type="text"/>
Lodging	<input type="text"/>
Food	<input type="text"/>
Other (describe):	<input type="text"/>

Total Meeting Expenses for this event _____

Other Expenses:

	Description	Date	Amount
Copies:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Literature:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other:	<input type="text"/>	<input type="text"/>	<input type="text"/>

Total expenses this request:	<input type="text"/>
Less advance already received:	<input type="text"/>
Amount of reimbursement requested:	<input type="text"/>
OR	
Amount of advance being requested:	<input type="text"/>

Send to District 46 Treasurer:

Attn: District 46, PO Box 484, Anacortes, WA 98221
 360-630-0060 mayzdayz@gmail.com

Mail Payment to this address: _____
 OR
 I will pick up payment at: _____