

# District 46 Expense Request Form 2020

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"/>

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

**Send to District 46 Treasurer:**

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

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