

# SOUTHERN MINNESOTA AREA ASSEMBLY

## REQUEST FOR REIMBURSEMENT

Mail to: SMAA, PO Box 2812, Minneapolis, MN 55402

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

Officer, Committee, or event \_\_\_\_\_

<p><b>Make check payable to:</b></p> <p>Name _____</p> <p>Address _____</p> <p>City/State _____ ZIP _____</p>	<p><b>Authorization</b> (if individual or item not covered by policy)</p> <p>_____</p> <p>_____</p>
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### Mileage Reimbursement Information

Date	From	To	Purpose (event)	Miles
For expenses incurred on or after January 1, 2011, multiply mileage total X .33 for total mileage reimb. For expenses incurred on or after July 1, 2011, multiply mileage total X .35 for total mileage reimburse				

<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th colspan="2" style="text-align: center;">EXPENSES</th> <th style="text-align: center;">In-kind contributions</th> </tr> </thead> <tbody> <tr> <td>Printing/copying</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Supplies</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Postage</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Phone</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Mileage</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Sleeping Room</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td>Misc.</td> <td style="text-align: right;">\$ _____</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td style="text-align: right;"><b>TOTAL</b></td> <td style="text-align: right;"><b>\$ _____</b></td> <td style="text-align: right;"><b>\$ _____</b></td> </tr> <tr> <td><b>Total Reimbursement</b></td> <td style="text-align: right;"><b>\$ _____</b></td> <td> </td> </tr> </tbody> </table>	EXPENSES		In-kind contributions	Printing/copying	\$ _____	\$ _____	Supplies	\$ _____	\$ _____	Postage	\$ _____	\$ _____	Phone	\$ _____	\$ _____	Mileage	\$ _____	\$ _____	Sleeping Room	\$ _____	\$ _____	Misc.	\$ _____	\$ _____	<b>TOTAL</b>	<b>\$ _____</b>	<b>\$ _____</b>	<b>Total Reimbursement</b>	<b>\$ _____</b>		<p style="text-align: center;"><b>Treasurer's Record</b></p> <p>Check # _____</p> <p>Check Amount _____</p> <p>Issue Date _____</p> <table border="1" style="width: 100%; border-collapse: collapse; margin-top: 10px;"> <thead> <tr> <th colspan="2" style="text-align: center;">Distribution of Funds</th> </tr> <tr> <th style="width: 70%;">Category</th> <th style="width: 30%;">Amount</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </tbody> </table>	Distribution of Funds		Category	Amount										
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**STAPLE ALL RECEIPTS TO THIS FORM**  
**INFORMATION ON EXPENSE REIMBURSEMENT**

1. **Date Submitted:** Date form is sent/given to Treasurer.
2. **Submitted By:** Name or person asking for reimbursement.
3. Make **Check Payable To:** Full Name Check should be written for.
4. **Mail Check to:** Address that check should be mailed to.
5. **Authorization:** Items or individuals not covered in the Financial Policy must be authorized by at least two (2) officers.
6. **Mileage Reimbursement:** Date mileage occurred, departure point and destination, the reason for travel, and the total number of miles. Only the person driving should submit a request for reimbursement. If more than one reimbursable Area person shared the trip, this should be noted so the Treasurer can appropriate the cost correctly.
7. **Other Expenses:** Printing/copying, supplies, postage, phone, sleeping room, miscellaneous. Please be as specific as possible when indicating the reason for the expense.
8. **In Kind Contributions:** You may elect to contribute part or all of your reimbursable expenses. Please list item(s) of In Kind contributions in space provided on front of this form. It is important to list all expenses even if you In Kind contribute all of the expenses, as we need accurate costs for budgeting purposes in the upcoming years.
9. **The Area does not reimburse for meals or registration at area events.**

**PLEASE ATTACH RECEIPTS AND/OR EXPLANATIONS OF EXPENSES OR INVOICES.** This will enable the Treasurer to keep accurate books. A copy of the reimbursement form will be returned to you along with the check. Please keep it for your records.

*Note: When having a vendor bill the Area directly, please ask the vendor to show what was purchased and to include your name and/or committee on the invoice.*

**PLEASE REMEMBER TO USE THE AREA'S SALES TAX EXEMPTION NUMBER WHENEVER POSSIBLE.** If you do not have a copy of this, request one from the Treasurer.

**Refer to the Finance Policy for questions about what is reimbursable and what is not.** The Treasurer can also answer questions on reimbursement.