SOUTHERN MINNESOTA AREA ASSEMBLY

REQUEST FOR EXPENSE REIMBURSEMENT

Mail to: SMAA, PO Box 2812, Minneapolis, MN 55402 or email to: treasurer@area36.org								
Submitted by:						Date:		
Officer, O	Committe	ee, or Event_						
Make check payable to:						Authorization (If individual or item not covered by policy)		
Name						(11 marvia	ual of item not covered by	policy)
Address								
City/StateZip								
Mileage Reimburser								
Date		rom	То			Purpose for travel (Event) Mil		Miles
							\$.35 for total mileage reimb. \$.36 for total mileage reimb.	
OTHER EXPENSES							Treasurer's Record	
Please attach all rece			ipts to this form.			Check #		
				In-	-kind conti	ributions		
Printing/copying \$ \$						Check amount		
							Issue date	
Office Supplies		\$		\$	\$		Distribution of Funds	
Postage		\$		\$	\$		Category	Amount
Event Supplies		\$		\$				
Mileage		\$		\$				
Lodging		\$		\$				
Misc.		\$		\$				
TOTAL		\$		\$	\$			
Total Reimburs	sement \$							

How to Complete the Reimbursement Form

Please note: it is important for us to submit all expenses—even in-kind contributions. An accurate record of past expenses is the foundation for budgeting future financial activities.

- 1. **Submitted by:** the name of the person asking for reimbursement. On the line below, please include the service position the person holds, and which event the expenses support.
- 2. **Date**: the date the form is sent/given to the Treasurer.
- 3. Make check payable to: the full name and mailing address of who the check should go to.
- 4. **Authorization**: only needed for expenses/individuals that aren't covered in the Area Financial Policy. These expenses must be authorized by at least two officers.
- 5. **Mileage Reimbursement Information**: the date(s) travel 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. Please note if more than one reimbursable trusted servant shared the trip, so the Treasurer can accurately record expenses. Calculate the dollar amount of the mileage reimbursement.
- 6. **Other Expenses**: subtotal the expenses by category. If the expense doesn't fit into the categories listed, use "miscellaneous" and provide a description of the expense. Be as specific as possible.
- 7. **In-kind contributions**: to contribute all, or a portion, of your reimbursable expenses to SMAA, list the dollar amount(s) of your contribution in this column, in the appropriate expense category.
- 8. The Area does not reimburse for meals or registration at area events.

Please refer to the Area's Finance Policy for questions about which expenses are reimbursable and which are not. If you're still unsure, contact the Treasurer for help.

Remember to attach receipts and/or explanations of all expenses or invoices. This enables the Treasurer to keep accurate books. The Treasurer will retain the original reimbursement form in the Area's financial records. The reimbursement check/stub will be your receipt. If you need a copy of your reimbursement form, contact the Treasurer at treasurer@area36.org.

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

Also: If the vendor will bill the Treasurer directly, you can use the Area's sales tax exemption number for some purchases. The Treasurer can provide you or the vendor with a copy of the area's sales tax exemption certificate.