

For Reimbursement

Event or Meeting: _____
Description

Submitted By: _____
Name Service Position

Mailing Address: _____

E-mail: _____

MEETING EXPENSES (Quarterlies, Assembly)

IRS Rate **
Per Mile

IRS 2023 Mileage Options	
Business	\$0.655
Medical / Moving	\$0.220
Charity	\$0.140

Of Miles Traveled _____ X _____ = \$ _____

Registration Fee \$ _____

Parking, Ferry Tolls, Bridge \$ _____

Lodging \$ _____

Food \$ _____

Other _____ \$ _____

Total Meeting Expenses \$ _____

OTHER EXPENSES

Communication _____ \$ _____

Committee Credit Lines _____ \$ _____

Other _____ \$ _____

_____ \$ _____

Total Other Expenses \$ _____

Reimbursement Total \$ _____

** <https://www.irs.gov/tax-professionals/standard-mileage-rates>

Form is to be used for expenses paid out of pocket that need to be reimbursed.
 Please attach all receipts and copy of map for mileage.