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| **U.S. Masters Swimming** | | | |
| **2018 Expense Reimbursement Request (Voucher)** | | | |
| **Email to: Reimbursements@usmastersswimming.org | Mail to: 1751 Mound St, Ste 201, Sarasota, FL 34236** | | | |
|  |  |  | |
| **Requester Name:** | | | |
| **Address, City, State, ZIP:** | | | |
| **Make Check Payable to Third Party:** | | | |
| **Address, City, State, ZIP:** | | | |
|  |  |  | |
| **Purpose / Explanation of Expense:** | | | |
| **Date(s) of Travel / Expense:** | | | |
| **Destination:** | | | |
|  |  |  | |
| **Budget Account Title:** | | | |
| **Cost Center / Project # (4-digit):** | | | |
| **Dept # (3-digit):** | | | |
|  |  |  | |
| **EXPENSE TYPE** | **AMOUNT** | **ADDITIONAL INFORMATION** | |
| 52100 Travel (Mileage) |  | Mileage Rate: $0.545/mile (Attach Proof) | |
| 52100 Travel (Airfare/Parking/Uber) |  |  | |
| 52200 Rental Car |  |  | |
| 52300 Hotel |  |  | |
| 52400 Meals/Entertainment |  |  | |
| 53100 Other Rent |  |  | |
| 53150 Office Rent/Utilities/Services |  |  | |
| 53200 Digital Cloud Storage |  |  | |
| 53225 Software Subscriptions |  |  | |
| 53250 Office Supplies |  |  | |
| 53300 Minor Equipment |  |  | |
| 53350 Phone Costs |  |  | |
| 53400 Postage |  |  | |
| 53450 Printing/Photocopy Costs |  |  | |
| 53500 Dues/Subscriptions/Fees |  |  | |
| 54100 Production Costs |  |  | |
| 54250 Graphic Design |  |  | |
| 54300 Consulting |  |  | |
| 54350 Outside Services |  |  | |
| 54400 Video Production |  |  | |
| 54550 USMS Logo Merchandise |  |  | |
| 55100 Facilities Rent |  |  | |
| 55200 Recognition/Awards |  |  | |
| 55350 Hospitality |  |  | |
|  |  |  | |
| 18300 Less Contribution to USMS SSL |  | Contribution to USMS Swimming Saves Lives | |
| **TOTAL REIMBURSEMENT:** |  |  | |
| I hereby submit this request for reimbursement of expenses incurred by me on behalf of USMS, Inc. | | | |
| **Signature of Requester:** | | | **Date:** |
| **APPROVALS** | | | |
| **Committee Chair/Officer:** | | | **Date:** |
| **CFO:** | | | **Date:** |

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| **U.S. Masters Swimming** |
| **Instructions for Completing USMS Expense Reimbursement Request (Voucher) Form** |
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| 1.) Complete a USMS Expense Reimbursement form and submit it to the National Office for disbursement of USMS funds in accordance with Financial Operating Guidelines (FOG). |
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| 2.) Refer to the current version of USMS Financial Operating Guidelines by following this path: |
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| **www.usms.org>For Volunteers>Policies & Governance>USMS Financial Policies and Documents>Financial Operating Guidelines (FOG)** |
|  |
| 3.) Submit all requests for reimbursement within **30** **days** of incurring the expense. |
|  |
| 4.) Fill in **Name** and **Address of Requester** fields. [Enter **Name** and **Address of Third Party** when applicable.] |
|  |
| 5.) Complete the **Purpose / Explanation of Expense**, **Date(s) of Travel / Expense** and **Destination** (if applicable) sections with detailed information. [NEW SECTION] |
|  |
| 6.) Provide appropriate **Budget Account Title**, **Cost Center / Project # (4-digit)** and **Dept # (3-digit)** based on current year budget. |
|  |
| 7.) Mileage expense is reimbursed at the current IRS allowable rate. Provide a Google Map or MapQuest document showing the traveled route (required). |
|  |
| 8.) Submit receipt for any expenditure greater than $25 with reimbursement requests. For items less than $25, a receipt is preferred but not required. The reverse side of the receipt may be used for additional explanation or itemization. |
|  |
| 9.) Submit requests for total reimbursement of less than $25 at the end of the calendar year only. |
|  |
| 10.) Committee members requesting reimbursement must complete the expense request form and submit it to the committee chair for approval prior to submitting to the National Office for reimbursement.  [Exceptions: BOD Meetings & Convention] |
|  |
| 11.) Obtain proper approval for reimbursement of expenses in excess of approved budgets. [See FOG Section VII.] |
|  |
| 12.) Send completed vouchers to the National Office as follows: |
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| Email completed Reimbursement Requests (Vouchers) to: **Reimbursements@usmastersswimming.org** |
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| Mail completed Reimbursement Requests (Vouchers) to: |
| Reimbursements, USMS |
| 1751 Mound St, Suite 201 |
| Sarasota, FL 34236 |