

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):

52100-Mileage Expense

Total Miles Traveled (enter below)	Per Mile	Mileage Reimbursement
	\$0.545	

EXPENSE TYPE	AMOUNT	ADDITIONAL INFORMATION
52100 Travel (Mileage-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:
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APPROVALS

Committee Chair/Officer:	Date:
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CFO:	Date:
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U.S. Masters Swimming
Instructions for Completing USMS Expense Reimbursement Request (Voucher) Form

- 1.) Complete a USMS Expense Reimbursement Request form and submit it to the National Office for disbursement of USMS funds in accordance with Financial Operating Guidelines (FOG).
- 2.) Refer to the current version of USMS Financial Operating Guidelines by following this path:
www.usms.org>For Volunteers>Policies & Governance>USMS Financial Policies and Documents>Financial
- 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:

Email completed Reimbursement Requests (Vouchers) to: **Reimbursements@usmastersswimming.org**

Mail completed Reimbursement Requests (Vouchers) to:

Reimbursements, USMS
1751 Mound St, Suite 201
Sarasota, FL 34236