

EXPENSE STATEMENT

Page ___ of ___

601 E Street, NW * Washington, DC 20049

Organization:

(Instructions on Reverse)

Identification:

SNI

VOLUNTEER ID #: _____

Name:	Title:	Phone Number:	Department or Program:
Address (Street, City, State, ZIP):	Purpose of Travel or Expense:		

Date	Description & Location	Travel	Meals	Lodgings	Miscellaneous Items/Amount	Total
Total Expense:		\$	\$	\$	\$	\$

Company	Business Identifier (Department/Funding)	Object (Expense)	Subsidiary (Mission/Cost)	Subledger (Projects)	Subledger Type (C except Tax)	Amount	For Accounting Use
---	---	---	---	---	<input type="checkbox"/> C <input type="checkbox"/> S	\$	Audit
---	---	---	---	---	<input type="checkbox"/> C <input type="checkbox"/> S	\$	Init:
---	---	---	---	---	<input type="checkbox"/> C <input type="checkbox"/> S	\$	Date:
---	---	---	---	---	<input type="checkbox"/> C <input type="checkbox"/> S	\$	

EMPLOYEE/VOLUNTEER/OTHER CERTIFICATION: I certify that this statement, the amounts claimed, and the attached receipts represent necessary expenses incurred by me while engaged in the Association's business.

SUBMITTED BY: _____
SIGNATURE
DATE

\$	TOTAL EXPENSE
\$	LESS: CASH/TVL ADV
\$	NET REIMBURSEMENT

APPROVER CERTIFICATION: I have reviewed all expense items and verified that all expenses over \$25, or otherwise requiring receipts, have receipts attached and that the dates on the receipts are consistent with the employee's/volunteer's/other's travel days. I understand that it is my responsibility to perform the detailed review of this expense statement, including ensuring the reasonableness of all expense amounts, and to ensure compliance with AARP policy.

APPROVED BY: _____
SIGNATURE
DATE

Accounting Stamp
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