

VOLUNTEER EXPENSE STATEMENT

Itemized receipts & a receipt showing how it was paid ARE REQUIRED for amounts \$75 and over

TYPE OR PRINT LEGIBLY

Organization: (This form is not to be used by TaxAide Volunteers)

SNG

NEW ADDRESS

VOLUNTEER ID #: V

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

Date	Description & Location	# OF miles Driven	Travel - Mileage \$\$ only @ current Mileage Rate	Meals	Lodgings	Misc Items - include tolls, parking, travel other than mileage & misc charges	Total
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
			\$ -				\$ -
Total Expense:			\$ -	\$ -	\$ -	\$ -	\$ -

Company	Business Identifier (Department/Funding Source)	Object (Expense)	Subsidiary (Mission/Cost Type)	Subledger (Projects)	Subledger Type ('C' except Tax-Aide)	Amount	For Accounting Use:
1000		----	-----	-----	<input type="checkbox"/>	\$	Audit Init: Date:
1000		----	-----	-----	<input type="checkbox"/>	\$	
1000		----	-----	-----	<input type="checkbox"/>	\$	
1000		----	-----	-----	<input type="checkbox"/>	\$	
1000		----	-----	-----	<input type="checkbox"/>	\$	
1000		----	-----	-----	<input type="checkbox"/>	\$	
1000		----	-----	-----	<input type="checkbox"/>	\$	
1000		----	-----	-----	<input type="checkbox"/>	\$	

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.

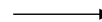
SUBMITTED BY: _____
SIGNATURE: Please sign each sheet _____ DATE _____

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

APPROVER CERTIFICATION: I have reviewed all expense items and verified that all expenses over \$75, 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



PLEASE SUBMIT MONTHLY

EXPENSE STATEMENT INSTRUCTIONS

A. DATA AND EXPENSE ENTRIES:

1. At the extreme top right, mark the number of pages used: if you only need to use one Expense Statement your entry should read: **Page 1 of 1**, if you need to use more than one (for instance, you need to use two) your first form will appear : **Page 1 of 2** and your second form will appear: **Page 2 of 2**. If using more than one form, repeat steps 1-4 and 8-11 ONLY.
2. Check the box at top left to indicate the applicable organization.
3. Enter your AARP **Staff Member** number or **Volunteer** identification number.
4. Enter your **Name, Title** and **Phone Number**.
5. Enter the applicable mailing **Address**.
6. Identify the AARP **Department, Program**, or the special event for which expenses were incurred.
NOTE: Special events or programs, e.g., conventions or workshops, may be subject to special instructions. Prior to each special event or program, special instructions will be supplied along with precoded Expense Statement forms.
7. Enter the **Purpose of Travel or Expense** reimbursement.
8. In the columns for **Date** and **Description & Location**, legibly indicate the dates and reasons for the expense. Indicate points of travel and means of travel. If travel was by personal car, enter the mileage and AARP's current established cents-per-mile rate.
9. Enter costs you paid including tips in the appropriate columns: **Travel, Meals, and Lodgings**. Compute cost of travel by personal car using your mileage and the current cents-per-mile rate.
10. Identify incidental expenses in the **Miscellaneous Items/Amount** column.
11. **Total/Total Expense:** (NOTE: If you need to use more than one Expense Statement, LEAVE BLANK until you have made expense entries for all additional Expense Statements, then:) Add each line across, and each column down. The sum of the **Total Expense** row must equal the sum of the **Total** column.
12. Enter the full accounting code & and respective amount: 4-digit **Company** code, 8-digit **Business Id** code, 4-digit **Object** (G/L Account) code, 6-digit **Subsidiary** code, and if assigned, 7-digit **Subledger** code and 1-digit **Subledger Type ("S" OR "C")**.
13. **TOTAL EXPENSE:** (NOTE: If you need more than one Expense Statement, fill in for **first page ONLY**) Sum the Amount column. This amount must equal the Total Expense row and Total column from step 11.
14. **LESS CASH/TVL ADV:** (NOTE: If you need more than one Expense Statement, fill-in for **first page ONLY**) Enter the total of any Travel Advances you received, which you **have not PAID** back to AARP.
15. **NET REIMBURSEMENT:** (NOTE: Fill-in for **first page ONLY**.) Subtract the entry from step 14 from step 13 and enter the difference. This is the amount that should be paid to you, providing expenses are allowed and no errors were entered on the Expense Statement.
16. Read, sign, and date the Certification Statement (Employee/Volunteer).
17. Read, sign, and date the Certification Statement (Approver).

- B. SPECIAL ROUTING INSTRUCTIONS FOR BOARD MEMBERS:** Forward the Expense Statement to the AARP Board Support Group for approval and signature.