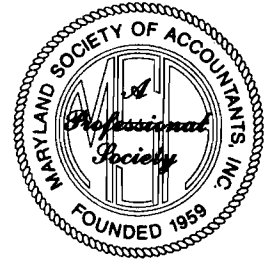




**Maryland Society of Accountants, Inc**

**Submit Expense Report:**  
526 Baltimore Blvd  
Westminster, MD 21157

Phone: 800-922-9672  
Fax: 410-848-8452  
E-mail: info@msacct.org



# Expense Report

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date: \_\_\_\_\_

Purpose of expense: \_\_\_\_\_

Expense	Amount	Expense	Amount	Expense	Miles Driven/	Amount
<i>Postage</i>		<i>Misc</i>		<i>Mileage @ .485</i>		
<i>Clerical</i>		<i>Tolls</i>		<i>Copies @ .10 each</i>		
<i>Shipping</i>		<i>Supplies</i>				
<i>Room Rental</i>		<i>Telephone</i>				
<i>Equipment Rental</i>		<i>Hotel</i>				
<i>Meal</i>		<i>Air Fare</i>				
<i>Conference Fee</i>						
<b>TOTAL TO BE REIMBURSED*</b>						

\*Amount paid will be the lesser of actual or IRS per diem rate for the area or actual amount

Volunteer Signature \_\_\_\_\_ Date: \_\_\_\_\_

Approved by: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Chair/Executive Director

Please attach all supporting documents to this expense report and submit within 60 days of the date incurred.