

U.S. Masters Swimming

2021 Volunteer Expense Reimbursement Request

Email to: Reimbursements2@usmastersswimming.org | Mail to: 1751 Mound St, Ste 204, Sarasota, FL 34236

Requester Name:	
Address, City, State, ZIP:	
Make 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
	\$0.560	\$0.00

EXPENSE TYPE	AMOUNT	ADDITIONAL INFORMATION
52100 Travel (Mileage-Attach Proof)	\$0.00	
52100 Travel (Airfare/Parking/Uber)		
52200 Rental Car (include Gas)		
52300 Hotel		
52400 Meals/Entertainment		
53225 Software Subscriptions		
53250 Office Supplies		
53350 Phone Costs		
53400 Postage		
53450 Printing/Photocopy Costs		
53500 Dues/Subscriptions/Fees		
54300 Consulting		
54550 USMS Logo Merchandise		
55100 Facilities Rent		
55200 Recognition/Awards		
55350 Hospitality		

18300 Less Contribution to USA Swimming Foundation		For USMS SSLF Adult Learn-to-Swim Grants
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TOTAL REIMBURSEMENT:	\$0.00	
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I hereby submit this request for reimbursement of expenses incurred by me on behalf of USMS, Inc. I
understand that payments will be made via electronic funds transfer.

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 Form

NOTE: ALL REIMBURSEMENTS ARE PAID VIA ELECTRONIC FUNDS TRANSFER. PLEASE FILL OUT AND RETURN THE EFT AUTHORIZATION FORM WITH YOUR REIMBURSEMENT REQUEST.

- 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.
- 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
- 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 & USMS Annual Meeting]
- 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: **Reimbursements2@usmastersswimming.org**

Mail completed Reimbursement Requests (Vouchers) to:
Reimbursements, USMS
1751 Mound St, Suite 204
Sarasota, FL 34236

U.S. Masters Swimming, Inc.
2021 Electronic Funds Transfer (EFT) Authorization

Organization / Individual Name:
Payment Address:
Contact Name & Title:
Contact Phone # & Email Address:

Bank Name:
Bank Address:
Bank Contact Name & Phone #:
ABA Routing #:
Account #:
Account Type: Checking _____ Savings _____

This authority is to remain in full force and effect until U.S. Masters Swimming, Inc. has received written notification from organization of its termination in such time and in such manner as to afford U.S. Masters Swimming, Inc. and depository a reasonable opportunity to act on it.

Please sign below to confirm that you are authorizing U.S. Masters Swimming, Inc. to begin transferring payments for your invoices to the account indicated above.

Print Name

Title

Signature

Date

Please mail completed form and a copy of a voided check or a letter from your bank providing confirmation of your account information to: **U.S. Masters Swimming, Inc., Attn: Finance, 1751 Mound St, Ste 204, Sarasota, FL 34236.**

For questions or more information, please contact Susan Kuhlman, CFO via email at skuhlman@usmastersswimming.org or by phone at (941) 256-8767.

TAPE VOIDED CHECK HERE