AARP T	TAX-AIDI	E EXPE	ENSE STATEME	NT					Accountin	ng Subledger (Code
	NTEER]	State	Split State Designator	Position Code							
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ADDRESS								I	evel/Title Counselor/ERO Client Facilitator	Position Co = 0 = 0	
CITY	designate split sta							áte split state r, for <u>all</u> other	. 21	Shift Coordinator Instructor Local Coordinator	= R = 3 = 1
GROUP Counsel Flat Rate (Flat Ra Counses Facilita Only) Itemized	sement of e PED ACTI or Activities	EXPENSES VITY C = F ent dinators		= E	Electronic Ser E-File Supplies (consumables) Computer/Printer Purchases Computer Repair/ Maintenance	vices = S = S = R bor, and memory) age = S	Other Lea Phone/Copy. Coordinating Leadership F Tax Assistar Publicity Supplies (other than	dership Activ Postage Hat Rate	30 31 31 31 31 31 31 41 = A 44 = B 41 = C 47 = P 55 = Z 51 51 51	Administration Coor Communications Co Technology Coordinator Fraining Coordinator Prospective Vol. Spe Administration Spec Partnership/Comm. Technology Specialist Training Specialist State Coordinator Regional Administra Regional Partnership Regional Technolog Regional Training A Regional Coordinator National Advisor	ordinator = 8 nator = E nr = N
Grouped Activity Codes	Date of Activity (mm/dd/yyyy)		Activity & Loc (including miles			Transportation	Food	Lodging	Phone, Copy/ Postage/ Supplie	/ Line	Subtotal One Per Grouped Activity
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Signature______Date____

Supervisor Signature______ID#____Date____

Distribution: Originator - keep one copy. Forward two copies to supervising Coordinator who will forward one copy to the National Office.

AARP TAX-AIDE- Expense Statement Instructions

This statement is used to record all reimbursable activities or expenses. Reimbursement can be claimed for expenses incurred only during the current fiscal year (October 1 - September 30).

VOLUNTEER ID#: Enter your volunteer ID# where indicated. Enter name, address and telephone number. If your address is a seasonal address, please check in the space provided.

ACCOUNTING SUBLEDGER CODE: In separate boxes as noted enter:

Your state of jurisdiction (i.e., AL=Alabama).

Split-State Designator (for CA, FL, IL, MN, NY, OH, PA, TX as assigned; in all other states, use "1").

POSITION CODE:

Your volunteer **POSITION** code is based on your primary (highest) title (i.e., Counselor=0, Local Coordinator=1) located below the Position Code box. As a guide, each position code is listed with a number in front of it. The position you hold with the highest number before the title as

shown in the list on the front of this form is the position you should list when requesting expense reimbursement. If you hold more than one position at the same level, use the position code most applicable to that activity being reimbursed.

ACTIVITY CODE: Enter an activity code in the Grouped Activity Codes column for each activity or group of subtotaled activities.

EXPENSES: Receipts are required for all non-mileage expenses; Tape receipts for \$75 or more to a separate letter-sized sheet.

Enter activity code on 1st line for each activity, followed by all items pertaining to this activity.

Enter specific date(s) of activity or incurred expenses.

Indicate the location and a brief description of each activity and any mileage incurred.

Multiply the number of miles driven by the <u>current</u> mileage reimbursement rate for each travel date. Enter the amount under transportation costs.

NOTE: You <u>must</u> separate dates, and locations (if you worked at more than one location) <u>on this expense form</u> for repetitive type activities such as Counseling and Coordinating. **Do not enter combined mileage totals representing the whole season without supplying details.** Note that the electronic version of this form, available on the ShareNet, requires each date to be listed on separate lines.

Example (using the mileage rate of \$0.565/mile)

<u>Activity</u>		Activity & Location	<u>Transportation</u>
Code	Date	(including miles driven)	
I	2/5	Tax assistance, Anytown Library, 10	
		miles round trip	
		$1 \times 10 = 10 \text{ miles } (@56.5 \text{ cents})$	\$5.65
I	Multiple	Tax assistance, Anytown High school,	
	_	8 miles round trip	
		(Feb 5, 12, 19, 26, Mar 5, 12, 15, 19,	\$45.20
		April 2, 9)	
		$8 \times 10 = 80 \text{ miles } (@56.5 \text{ cents})$	
		Total cost	\$50.85

- **Note regarding mileage rate:** Current mileage rate information is posted on the volunteer ShareNet under Hot Topics at https://volunteers.aarp.org Enter all other transportation costs (tolls, parking, airfare, etc.) in the Transportation column.
- Enter meals including tips and lodging where indicated, supported by receipts.
- Phone, copy and postage charges should be charged to Activity Code "A" unless directly related to e-filing when they should be charged to Activity Code "S". Receipts are required.
- Reimbursable supplies (see Policy Manual/Handbook) supported by receipts should have Activity Code "Z". Total your expenses, per line, as indicated.
- Subtotal each activity entering a dollar amount, with final Activity Total on the last line.
- If requesting reimbursement from **donated funds or small grants**, the reimbursement request should be submitted on a separate expense form from other reimbursement requests with a note at the top of the form indicating the source of funds. *All such requests must be approved by the State Coordinator*.
- Do not carry subtotals or totals to another page. Provide the appropriate total on each page.

CERTIFICATION: By signing this expense statement, you certify the expenses being claimed are actual and appropriate for reimbursement. The supervising coordinator's signature is <u>required</u> on this expense statement to indicate approval of your expenses.

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