

Please submit reimbursement to:

MARYLAND ASSOCIATION OF CPAs
901 Dulaney Valley Road, Suite 710
Towson, MD 21204-2683
Attn: De'Landa "Dee" Sullivan

DISCUSSION LEADER/SPEAKER REIMBURSEMENT FORM

NAME _____

FIRM _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

COURSE TITLE/CONFERENCE _____

PRESENTATION

DATE _____ LOCATION _____

TRAVEL: CAR () PLANE () OTHER () _____ \$ _____

MILEAGE: _____ MILES @ 55.5 CENTS PER MILE \$ _____

HOTEL ACCOUNT \$ _____

MEALS \$ _____

OTHER (PLEASE SPECIFY) \$ _____

PLEASE ATTACH ALL ORIGINAL RECEIPTS

TOTAL REIMBURSEMENT \$ _____

CHECK SHOULD BE MADE PAYABLE TO:

FIRM _____ INDIVIDUAL _____

IN ORDER TO RECONCILE ALL COURSE ACCOUNTS, WE RESPECTFULLY REQUEST THAT THIS REIMBURSEMENT FORM BE SUBMITTED TO THE MACPA **NO LATER THAN TWO WEEKS** AFTER THE PROGRAM. IF THE MACPA DOES NOT RECEIVE A REQUEST FOR REIMBURSEMENT IN THAT TIME, WE WILL ASSUME THAT NO EXPENSES WERE INCURRED.

SIGNATURE _____

DATE _____

TELEPHONE # _____