



# 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 you do not have a label. If your address is a seasonal address, please check appropriate box.

**ACCOUNTING SUBLEDGER CODE:** In separate boxes as noted enter:

- Your state of jurisdiction (i.e., AL=Alabama), or special codes for Regional Coordinators and National Advisors.
- 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 based on your primary (highest) title (i.e., Counselor=0, Local Coordinator=1) located below the box. As a guide, each position code is now 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 as shown on the front of this form, use the most applicable position related to that activity.

**ACTIVITY CODE:** Enter an activity code in column 1 for each group of subtotaled activities. **NEW:** Use the "W" code for costs related to State Led Instructor Workshops/Train the Trainer Meetings. Leaders and Non-Leaders, use the "T" code for District and Local Level tax law training sessions.

**EXPENSES:** **NEW:** Receipts are required for all non-mileage expenses; Tape receipts \$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 location and brief description of activity and any mileage incurred.
- Multiply number of miles driven by current mileage reimbursement rate for that date of travel and enter dollar amount under transportation costs.

**NOTE:** You must separate dates, and locations (if you worked at more than one location) on this expense form 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 requires each date to be listed on individual lines. Example (using the mileage rate of \$0.585/mile) of correct mileage documentation for this hard copy expense statement:

<u>Activity Code</u>	<u>Date</u>	<u>Activity &amp; Location (including miles driven)</u>	<u>Transportation Cost</u>
I	2/5	Tax assistance, Anytown Library, 10 miles round trip 1 x 10 = 10 miles (@58.5 cents)	\$5.85
I	Multiple	Tax assistance, Anytown High school, 8 miles round trip (Feb 5, 12, 19, 26, Mar 5, 12, 15, 19, April 2, 9) 8 x 10 = 80 miles (@58.5 cents)	\$46.80
Total cost			\$52.65

- Note regarding mileage rate: current mileage rate information is posted on the volunteer extranet at [www.aarp.org/tavolunteers](http://www.aarp.org/tavolunteers)
- Enter all other transportation costs (tolls, parking, airfare, etc.).
- 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 total on last line.
- If requesting reimbursement from **donated funds or small grants**, these reimbursement requests should be submitted on a separate expense form from other requests for reimbursement.
- Do not carry totals to next page. Keep each page separate.

**CERTIFICATION:** By signing this expense statement, you are certifying your expenses claimed are actual and appropriate for reimbursement. The signature of your supervising Coordinator, as shown on the roster, is required on this expense statement as approval of your expenses.

## DISTRIBUTION

Retain the *goldenrod* copy for your files. Forward all other copies, with receipts, to the supervising Coordinator for signature. He/she retains the pink copy and forwards original and yellow copies, with receipts, to the national office at: AARP Tax-Aide Program, PO Box 96863, Washington, DC 20077-7029.