

Trina Krider

From: Randolph Ortlieb <ltg.div37.2017@gmail.com>
Sent: Saturday, July 07, 2018 5:33 PM
To: Trina Krider
Subject: Fwd: CalNevHa Division 37 Reimbursement Request #1 (Revised)
Attachments: Division 37 Lt. Gov. CalNevHa Reimbursement Form 070118.pdf

Hello Trina, and happy Saturday! I hope all is well. I received your voicemail from yesterday, and attached is a copy of my reimbursement request. If you would please forward this to the finance committee, I would appreciate it.

Mark asked me to provide an explanation of why the request is late. Division 37 has 17 clubs, and it took me 6 months to complete all of the official visits. I finished the 17 official visits in April, and due to the press of business, I wasn't able to finalize my the reimbursement request until May. The request was then rejected by the district CPA because it did not include detailed mileage reports for each of the 17 visits. I then had to obtain copies of Google map printouts, in order to resubmit to the CPA, which I did on July 1. I was then informed by the district CPA that the submission was untimely, and that I would need to seek approval from the board of trustees. I hope this explanation is helpful, and I'm sorry for any inconvenience. Please let me know if you want any additional information.

Randy Ortlieb
Division 37 Lt. Governor 2017–2018
760-519-9712 (mobile & text)

Kiwanis

California-Nevada-Hawaii District

www.cnhkiwanis.org

EXPENSE REPORT & REQUEST FOR REIMBURSEMENT SUBMITTED TO TREASURER FOR LIEUTENANT GOVERNORS

****Expenses must be claimed no later than 90 days
of date occurred and before listed deadline****

California-Nevada-Hawaii District
of KIWANIS INTERNATIONAL

Name: Randy Ortlieb Division No. 37
Phone #: 760-519-9712 E-mail: LtG.Div37.2017@gmail.com
Current date: 7/1/18 Period Covered: 9/01/17 to 6/30/18

OFFICIAL CLUB VISITS: FINAL DEADLINE FOR SUBMISSION JUNE 15TH
Auto mileage within Division: 465.2 miles @ \$ 0.520 \$ 241.90
(Detail or mileage worksheet must be attached for approval)

OFFICIAL BOARD VISITS: FINAL DEADLINE FOR SUBMISSION AUGUST 31st
Auto mileage within Division: _____ miles @ \$ 0.520 \$ -
(Detail or mileage worksheet must be attached for approval)
Overnight Lodging within Division: _____ nights @ \$ 75.00 /night \$ -
(May not exceed current year Hotel rate of \$75.00)

MID-YEAR CONFERENCE: SUBMIT FOR REIMBURSEMENT NO LATER THAN 90 DAYS AFTER EVENT
(may not exceed budget amounts)
Auto mileage: 173.8 miles @ \$ 0.520 \$ 90.38
Other Transportation: _____
Mid-Year Conference Hotel: _____ nights @ \$ 75.00 /night \$ -
(May not exceed current year Hotel rate of \$75.00)

DISTRICT CONVENTION: FINAL SUBMISSION DEADLINE SEPT 30TH
(may not exceed budget amounts)
Auto mileage: _____ miles @ \$ 0.520 \$ -
Other Transportation: _____
District Convention Hotel: _____ nights @ \$ 75.00 /night \$ -
(May not exceed current year Hotel rate of \$75.00)

OFFICE EXPENSE: (may not exceed budget amounts)
Description of expense: _____

INTERNATIONAL CONVENTION Hotel: FINAL SUBMISSION DEADLINE SEPT 30TH
(may not exceed budget amounts)
Int'l Convention Hotel: _____ nights @ \$ 75.00 /night \$ -
(May not exceed current year Hotel rate of \$75.00)

TOTAL FROM DISTRICT'S LT. GOVERNOR BUDGET \$ -

INTERNATIONAL CONVENTION TRAVEL: FINAL SUBMISSION DEADLINE SEPT 30TH
(may not exceed budget amounts)
Auto mileage: _____ miles @ \$ 0.520 \$ -
Airfare/Transportation _____ (per current year policy) _____

TOTAL INTERNATIONAL CONVENTION TRAVEL \$ -

TOTAL DEMAND FOR THIS EXPENSE VOUCHER \$ 332.28

I certify the expenses on this voucher are actual and the receipts attached are accurate.

Signature X [Signature]
Mail reimbursement to: 1626 Dichoso Drive
Escondido (City) CA (State) 92025-6221 (Zip + 4)

-RECEIPTS MUST BE ATTACHED FOR APPROVAL- Account # _____

Please note: Mail this form with copies of all receipts attached to the District Treasurer - Robert Davis, CPA
Davis & Deal, Certified Public Accountants
211 S. Glendora Ave., Suite A, Glendora, CA 91741
P: (626) 963-0297 Email) robert.davis@davisdealcpa.com

**Cal-Nev-Ha District of Kiwanis International
Mileage Supporting Statement**

Office:

| | Date | Destination/Club | Purpose | Mileage Beginning | Mileage Ending | Total Mileage |
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Total Mileage Claimed On This Voucher:"