

Tennessee Federation of Chapters
National Active and Retired Federal Employees Association
Expense Report

Name: _____ Office held: _____

Mailing address: _____

E-mail: _____

Phone: _____

Expense period - Day/Month/Year: _____ Quarter: _____

Event for reimbursement: _____

Activity for Reimbursement:

Travel by car (miles) _____ @ \$.40 per mile = \$ _____

Travel by air ----- \$ _____

Travel times: beginning - Date _____ Hour _____ a.m./p.m. _____

Date _____ Hour _____ a.m./p.m. _____

Lodging (hotel/motel) ----- \$ _____

Meals up to \$40.00 per day (per policy) ----- \$ _____

Supplies/copies ----- \$ _____

Postage ----- \$ _____

Phone ----- \$ _____

Other (name/list) ----- \$ _____

Total ----- \$ _____

SIGNATURE _____ Date _____

Person submitting expenses

Approved _____ Date _____

Financial Secretary

Approved _____ Date _____

President

Receipts must be attached

New meals policy effective 8/22/08

New mileage rates effective 8/21/10

Submit to: Glenda Huff
415 Mountain View Dr.
Seymour TN 37865-4321

Voucher # _____
Assigned by Financial Secretary