

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) _____ @ \$.32 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) ----- \$ _____

Stipend ----- \$ _____

Misc. (list) _____ \$ _____

Total ----- \$ _____

SIGNATURE _____ Date _____

Person submitting expenses

Approved _____ Date _____

President

Receipts must be attached

Email to: Rhonda Mooney
rmooney@narfetn.org

Date _____

Check # _____

Assigned by Treasurer

*Clicking this button will clear
Miles and Amount Fields.*