

**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. \_\_\_\_\_

ending -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.*